Overcoming Adversity:

Exploring Resiliency in the Lives of Youth Experiencing Homelessness

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Abstract

Youth homelessness is a serious concern, and prolonged experiences of homelessness significantly impairs youths' participation in normative activities for their age group (e.g., schooling, social relationships, and work). They may jeopardize their ability to develop the skills needed for independence, autonomy, and transition to adulthood. This dissertation aims to advance the knowledge base of how resilience is developed among youth who experienced homelessness and investigate the role that resilience plays in their ability to achieve housing stability. Three studies were conducted to address the following research questions: [1] What factors hinder (risk) or support (protective) the development of resilient behaviours? And [2] What is the relationship between risk factors, protective resources, and housing stability?

All three studies involved secondary data analysis from a multisite randomized controlled trial of Housing First for Youth (HF4Y) conducted in two Canadian cities. The first study responds to research question one and explores how risk and protective factors predict resilience over a two-year period. The study predictors of resilience at baseline, baseline predictors on resilience at a one-year follow-up and predictors at the one-year follow-up on resilience at a two-year follow-up. Predictors included risk factors: adverse childhood experiences, substance use, and mental health symptoms, and protective resources: social support, life skills, and psychological integration. While increased life skill predicted higher resilience at baseline, findings showed that a higher level of mental health symptoms significantly predicted lower resilience at baseline and at one year. Across time, an increased number of adverse childhood experiences and increased social support at one-year were significantly predictive of higher resilience at two years.

Study 2 of this dissertation explored through qualitative interviews with 21 youth experiencing or who have experienced homelessness view protective resources and risk factors and how they displayed facets of resilience over one year. Stressors varied among participants, with childhood abuse and instability being the most prominent. Coping mechanisms included creating barriers to having unhealthy relationships, rebuilding healthy relationships, and reframing their circumstances. This study highlights the significance of community and relationship-based coping strategies alongside individual approaches, thus displaying the pivotal role of community support in fostering resilience among youth who have or are experiencing homelessness.

Finally, Study 3 explores the relationship between risk factors, protective resources, and housing stability. The study was completed using a prospective design to see if there was change over time. Findings showed that risk factors did not significantly predict housing stability. However, social support was significantly related to and moderated the relationship between adverse childhood experiences and housing stability. In addition, the HF4Y Intervention significantly predicted housing stability in years one and two.

The findings of the three studies highlight the importance of social and community support in developing resilience and achieving housing stability among youth who experience homelessness.

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Study Contributors

This dissertation is comprised of three studies. All three studies involved a secondary data analysis from the Making the Shift demonstration project, a Canadian multisite randomized controlled trial for Housing First for Youth. Stéphanie Manoni-Millar conceptualized, designed, and performed data analysis for each study in this dissertation. Dr. Tim Aubry supervised all studies presented in this dissertation. Dr. Stephen Gaetz, co-author on Study one, two, and three, was the Principal and Lead Investigator of the larger Making this Shift demonstration project and reviewed the manuscripts. Dr. Ahmad Bonakdar, co-author on studies one and three was the Lead Investigator of the larger Making the Shift demonstration project and reviewed the manuscripts. Dr. John Sylvestre, co-author on study two, provided methodological supervision and reviewed the manuscript. Athourina David, co-author on study two, supported coding and validation of the qualitative analysis and reviewed the manuscript.

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Objective and Structure of Dissertation

This dissertation aims to advance the knowledge base of how resilience is developed among youth who experienced homelessness and investigate the role that resilience plays in their achieving housing stability. To achieve this goal, three studies were completed using quantitative and qualitative methods. The main sections of the dissertation are described below.

The *General Introduction* of the dissertation reviews the present literature on youth experiencing homelessness. It begins with describing the population of youth who experiencing homelessness in Canada, including the rates of gender and sexual minorities, and racial minorities. It then moves to discuss the pathways into homelessness, problems associated with youth homelessness and the barriers to exiting homelessness. Subsequently, a description of the research design is presented. The thesis is an observational study conducted in the context of a randomized controlled trial examining the effectiveness of Housing First for youth relative to standard care. Next, the extant research on resilience among this population is discussed. The dissertations research from Making the Shift demonstration project spans 2017 to 2022, overlapping with the global COVID-19 pandemic. Research on the experiences of homeless youth over this time is incorporated. Finally, the introduction outlines the two theoretical frameworks that guide this research: ecological and constructivist theories of resilience.

The research of this dissertation is presented in three articles. All three articles are based on secondary data analysis from the Making the Shift demonstration project, a multisite randomized controlled trial of Housing First for youth. *Study One* presents a quantitative exploration of risk factors and protective resources contributing to the development of resilience. This is explored longitudinally looking at how these factors influence resilience over a two-year period. *Study Two,* presents a qualitative exploration of the process of resilience. This study focuses on the stressors experienced by youth with a history of homelessness, how these youth

cope with their experiences, and if and how they display resilience. Using two time periods, change overtime and growth displayed by youth is examined. Finally, *Study Three* presents a quantitative analysis to identify moderators (i.e., life skills, psychological integration, social support, and resilience) of the relationship between risk factors (i.e., adverse childhood experiences, substance use, mental health, and violence and crime and housing stability.

The research findings of the three are summarized and interpreted in an integrated manner in the *General Discussion* of this dissertation. The implications of this research in regard to theory, practice, and policy are discussed. The dissertation ends by describing the limitations of the studies, areas for future direction and final conclusions.

General Introduction

Youth homelessness is a wicked social problem (Crowley & Head, 2017; Rittel & Webber, 1973) in our communities with varying causes and outcomes. Rittel & Webber (1973) introduced the term 'wicked' problem to draw attention to the complexities and challenges of addressing social problems because of the contribution of multiple interdependent factors. In essence, wicked problems are all uniquely different but can always be described and understood as a symptom of the interplay of multiple factors. As a result, there is a need for developing multiple solutions to address these types of problems.

While some view youth homelessness as a lifestyle choice or rejection of conventional norms (Baron, 2017), others suggest that the reasons behind youth homelessness are multifaceted. On the one hand, some youth may intentionally choose to leave home over unstable or harmful home environments characterized by abuse, neglect, and family dysfunction (Abramovich & Shelton, 2017; Tyler & Schmitz, 2018). On the other hand, some youth do not choose homelessness and are kicked out of their home for various reasons, such as use of substances or gender fluidity or sexual orientation (Morton et al., 2018; Rosario et al., 2012).

Youth homelessness is a serious concern as it risks contributing to lifelong physical and mental health difficulties (Hodgson et al., 2013; Medlow et al., 2014; Perlman et al., 2014), violence (Heerde et al., 2014), early pregnancy (Begun, 2015; Winetrobe et al., 2013), and early death (Auerswald et al., 2016). Moreover, prolonged experiences of homelessness significantly impact youths' participation in normative activities for their age group (e.g., in school, relationships, recreational and cultural activities, and the workforce) (Gaetz et al., 2019). Prolonged experiences of homelessness may jeopardize their ability to develop the skills needed for independence, autonomy, and transition to adulthood.

Youth homelessness is frequently presented as a form of deviance and victimization in the media (McCarthy, 2013). This social construction has the potential to objectify young people while ignoring their unique situations and experiences. It also contributes to stigma, namely the general public's perception that they have lower moral values, are lawbreakers, and are a group to be feared or kept at a distance.

Researchers emphasize that youth experiencing homelessness are not simply passive to their experiences but display agency and offer intelligent and articulate explanations of their lives (Jackson, 2021; Kidd & Davidson, 2007). Youth struggle to understand their lives and, perhaps to a greater extent, when experiencing homelessness, marginalization, and challenging circumstances (Kidd & Evans, 2010). Notably, despite being characterized as simply surviving, youth who are homeless youth display considerable strength, self-reliance, and perseverance (Kidd & Davidson, 2007).

Resilience Among Youth Experiencing Homelessness

When challenged with the adversity of homelessness, why do some youth adapt and overcome their situation? Over recent years, several researchers have explored the concept of resilience. Research on resilience emerged in the 1970s, intending to understand and prevent the development of psychopathology (Masten, 2001, 2007). Since then, resilience has been studied in academics (e.g., Brewer et al., 2019; Warren & Hale, 2020), sports (e.g., Junnarkar et al., 2021; Kegelaers & Wylleman, 2019), and work domains (e.g., Arshad et al., 2021).

Resilience has become increasingly popular in scholarship and practice, yet the definitions and measures remain complex and multifaceted (McCleary & Figley, 2017; Stainton et al., 2019). Windle (2011) emphasize the inconsistency researchers use in defining resilience, which is halting the ability to build upon knowledge within the area of research on resiliency.

While researchers have advocated for a ‘coherent definition’ (Aburn et al., 2016; Ungar et al., 2008), no universally accepted definition exists. However, it is well accepted that the construct of resilience holds two key dimensions: experiencing significant adversity and responding with a positive adaptation (Bonanno, 2004; Luthar, 2006; Luthar & Cicchetti, 2000; Masten, 2001; Stainton et al., 2019).

While significant adversity and positive adaptation are critical, it has been long debated if resilience should be conceived as a static trait or a dynamic process. Researchers have begun to recognize resilience as a dynamic process, emphasizing that an individual’s ability to adapt varies across contexts and throughout the lifespan (Fergus & Zimmerman, 2005; Gartland et al., 2011). Moreover, an individual’s ability to adapt in the face of adversity can be attributed to both internal and external influences, including individual, interpersonal, and systemic factors at different times in their lives (Fletcher & Sarkar, 2013; Luthar et al., 2000; Masten, 2001; Windle, 2011).

Youth experiencing homelessness display significant resilience and self-efficacy (Kidd & Shahar, 2008; Kidd & Davidson, 2007; Thompson et al., 2016). Researchers highlight that treating youth as victims of their circumstances is counterproductive and detrimental. It fosters a sense of incompetence, discourages them from seeking alternative lifestyles, and creates a cycle of dependency (Dyck et al., 2022). However, youth experiencing homelessness have a strong sense of independence and need to maintain control and safety (Dyck et al., 2022). While traits such as drive, determination, independence, and maturity are necessary for surviving on the streets, they are also critical for overcoming homelessness.

There is growing attention to understanding the strengths and resilience of youth who experience homelessness. In two recent systematic reviews, researchers investigated risk factors and resilience among youth experiencing homelessness (Cronley & Evans, 2017; Grattan et al., 2022). Cronley and Evans (2017) and Grattan et al. (2022) sought to have a better understanding of resilience among youth to inform future research, policy, and practice (e.g., development of services and interventions).

In their systematic review, Cronley and Evans (2017) examined empirical findings on resilience in youth experiencing homelessness in 21 articles. They emphasize the need to understand how youth survive in exceptionally adverse environments. A commonly discussed theme across the reviewed studies emphasized the reliance on informal social networks to survive on the streets, that act as a protective factor. In the absence of formal social networks (i.e., parents, guardians, extended family), youth rely heavily on friends, relationships made on the street, and gangs to help meet their basic needs.

The analysis and understanding of risk and protective factors are important considerations for primary prevention against homelessness targeted toward youth. Grattan and colleagues (2022) compiled a systemic list of factors associated with homelessness as well as measures to prevent becoming homeless. The researchers systematically examined risk and resilience factors associated with homeless youth (under age 25) in Western Countries across 16 empirical studies.

Commonly reported risk factors for youth experiencing homelessness include prior history of homelessness independent from the family, running away from home, poor school performance, and a history of substance use. Compared to the large body of research examining risk factors, Grattan et al. (2022) stress that less is known about protective factors for this

population. However, key protective factors across studies included good educational attainment, positive family relationships, and connection to at least one trusted adult. The researchers emphasize that these factors are important when considering prevention and interventions for youth experiencing homelessness.

Few studies focus on how resilience protects against adverse outcomes of homelessness for youth. Rew and colleagues (2001) suggest resilience is necessary among homeless youth to reduce the negative burden of highly stressful life events. Building on this work, Cleverley and Kidd (2011) found that youth with a high perceived resilience displayed less psychological distress. Whereas research on resilience and homeless youth has prominently focused on its association to psychological distress and suicidality, there remains a lack of evidence on factors that contribute to the development of resilience and if resilience can play a role in achieving housing stability. Further research is needed on youth resilience is necessary to inform the development of programs for youth that target ending homelessness and achieving stable permanent housing.

Youth Homelessness in Canada

In line with research on youth homelessness, the term "youth" refers to individuals who are between 13 and 24 years old (Canadian Observatory on Homelessness, 2016). Youth in this age range comprise approximately 20% of the homeless population in Canada (Gaetz et al., 2016; Henry et al., 2021; Kidd et al., 2021). Although cautious consideration should be given to population estimates, it is estimated that nearly 35,000 to 45,000 youth experience homelessness in a given year (Gaetz et al., 2016; Henry et al., 2021; Kidd et al., 2021). Youth experiencing homelessness may be unsheltered (i.e., living on the streets), emergency sheltered, or at risk of homelessness (Canadian Observatory on Homelessness, 2016). Moreover, youth are twice as

likely as homeless adults to be provisionally accommodated or experience hidden homelessness, meaning staying with friends or family temporarily without their own permanent housing (i.e., couch surfing; (Canadian Observatory on Homelessness, 2016; Curry et al., 2017; Morton et al., 2018). Notably, nearly 40% of youth experiencing homelessness have their first episode of homelessness before the age of 16, with youth who leave home before the age of 16 also being at-risk of multiple episodes of homelessness (Gaetz et al., 2016).

While there are structural similarities contributing to homelessness among youth and adults experiencing homelessness, such as poverty and a lack of affordable housing, there are unique differences to consider. Adolescence and young adulthood are critical and challenging developmental stages in which youth require support in navigating and building skills for adulthood. The distinct physical, social, emotional, and cognitive developmental changes that occur at this age are critical to understanding their experiences and needs. As a result, they may lack the resources, education, support, or life skills needed to successfully transition to adulthood that includes living independently (Henwood et al., 2018; Thompson et al., 2016).

Early experiences of homelessness have a profound and lasting impact on youths' ability to achieve and maintain housing stability and increases the risk of chronic and adult homelessness (Gaetz et al., 2016; Parpouchi et al., 2021). Researchers have found that youth who experience homelessness before the age of 16 face significant adversities. These adversities can include multiple episodes of homelessness, involvement with the child protective services, and victimization, contributing to the long-term experiences of housing instability and homelessness.

Gaetz and colleagues (2016) found that youth who report experiencing homelessness at an early age, are more likely to experience multiple episodes of homelessness, with a significant portion experiencing five or more episodes of homelessness. Similarly, Parpouchi and colleagues

(2021) found that early experiences of homelessness were linked to adverse adjustment in adulthood, such as difficulty maintaining housing. This relationship was present even in the context of individuals receiving assistance with accessing housing (Parpouchi et al., 2021). The work by Gaetz et al., (2016) and Parpouchi (2021) suggest that early homelessness experiences can create a lasting impact and complicate the ability to achieve stable housing into later life.

In order to fully comprehend the makeup of youth homelessness in Canada, it is vital to recognize the diversity among the youth who are found homeless or at risk of homelessness. It is necessary to address the unique vulnerabilities and experiences of youth who are gender and sexual minorities, Indigenous, members of racialized communities, and newcomers to Canada. It is critical that we understand that the needs of young men on the streets differ from those of young women or transgender youth. Furthermore, sexual, gender, and racial minorities face prejudice that other young people do not (Abramovich, 2012; Gattis & Larson, 2016; Kidd, 2007; Narendorf et al., 2022). This discrimination is amplified when combined with poverty and homelessness.

Gender and Sexual Minorities

Researchers have found that more male youth than female youth make up the homeless population. The second nationally coordinated Point-in-Time (PiT) count of homelessness was conducted between March 2020 and December 2022, surveying 40,713 individuals experiencing homelessness in 72 Canadian municipalities (Infrastructure Canada, 2024). Of the respondents, youth accounted for 12 percent of the population. Furthermore, the 2019 National Youth Homelessness Survey (NYHS), which surveyed a convenience sample through community agencies serving youth with experience of homelessness identified 1,363 youth (m_{age}= 20) experiencing homelessness in 49 communities across Canada (Kidd et al., 2021). Of this sample,

46 percent of homeless youth were male, 36 percent were female, and 17 percent identified as other which may include transgender, gender non-binary, two-spirit.

Researchers highlight that girls and young women are among the fastest-growing group of people experiencing homelessness in Canada, and the causes and experiences of homelessness are unique from those of young men (Kidd et al., 2017; Schwan et al., 2020; Van Berkum & Oudshoorn, 2015). For example, girls are more likely to experience sexual exploitation, sex trafficking, or teenage pregnancy. Notably, gender-based violence is increasingly pronounced among homeless young women than their male counterparts (Watson, 2016).

While the age at which youth first experience sexual exploitation was, on average, the same for girls and boys, young women were at greater risk of being victims of sexual exploitation due to force, fraud, or coercion (Greeson et al., 2019). Additionally, Greeson et al. (2019) found that young female or transgender youth were more likely to be victims of sex trafficking than males. Bretherton (2017) found that young women were at greater risk of entering or returning to violent homes or situations of sexual exploitation.

Researchers estimate that 30 to 60 percent of homeless young women experience pregnancy or are already mothers (Crawford et al., 2011; Winetrobe et al., 2013). These pregnancies are often unintended and related to substance use before or during sexual interactions and unprotected sexual intercourse (Begun, 2015). Moreover, it is more likely for gender minority homeless youth (i.e., women and transgender or genderqueer) to engage in survival sex (Marshall et al., 2010). Those engaging in survival sex rarely or inconsistently use condoms, increasing risk of pregnancy and sexually transmitted infections (Warf et al., 2013).

Youth who identify as lesbian, gay, bisexual, queer, and two-spirit (LGB[T]Q2S+) are an overrepresented group in the population of youth experiencing homelessness. Across Canada in

the PiT counts, when respondents were asked about their sexual identity or orientation, 26 percent of youth (aged 13 to 24) identified as a sexual minority (Infrastructure Canada, 2024). The report of sexual minority identity (i.e., lesbian, gay, bisexual, queer, and two-spirit, or other provided response not listed) was most common among youth compared to older counterparts (i.e., 13 percent of adults aged 25 to 49; seven percent of adults aged 50 to 64; six percent for seniors 65 +). This is consistent with the sample of youth surveyed in the 2019 NYHS, where 29 percent identified as a sexual minority (Kidd et al., 2021). From the total sample of the PiT count, three percent identified as trans male, trans female, transgender, non-binary, androgynous, gender fluid, two-spirit, genderqueer or gender non-conforming, or provided another response not listed (Infrastructure Canada, 2024). The 2019 NYHS (Kidd et al., 2021) identified 17 percent of youth as transgender, non-binary, two-spirit, or a gender other than cisgender male or female. This may represent a conservative estimate as sexual and gender minorities (i.e., LGBTQ2S+) individuals may not feel comfortable providing an unknown researcher with their actual sexual or gender identity. This assumption is supported by past research that has reported homelessness rates within this population varying from 24% (Egale Canada Human Rights Trust, 2012) to 48% (Rosario et al., 2012). However, despite this conservative statistic, the disproportionate number of LGBTQ2S+ youth experiencing homelessness in North America is highlighted, as only five to ten percent of the general youth population identifies as LGBTQ2S+ (Abramovich, 2012).

Indigenous and Racial Minorities

Indigenous Peoples are well known to be vastly overrepresented in Canada's homeless population. Whereas approximately five percent of the Canadian population identifies as Indigenous (Indigenous Services Canada, 2023), nearly 30 percent of the participants from the

PiT Count identified as Indigenous (Infrastructure Canada, 2024). Indigenous youth have felt the negative impact of Canada's social policies programs in numerous ways, with manifestations in institutions such as residential schools and child welfare (Thistle, 2017). In the 2019 NYHS, 32 percent identified as Indigenous (Kidd et al., 2021).

Racialized minorities is defined in this dissertation as all people who identify as non-Caucasian/white but do not identify as Indigenous. Roughly 16 percent of Canadians identify as a visible racialized minority (Statistics Canada, 2022). Of the non-indigenous youth in the 2019 NYHS, 28 percent identified as being part of the racialized community (i.e., all people that are non-Caucasian in race or non-white in colour).

Pathways into Youth Homelessness

Individual Factors

Pathways into homelessness for youth are multifaceted and diverse. Unlike adult homelessness, youth leave home where they are typically dependent on an adult figure. In this context, an adult figure can include biological or foster parents, extended family, or designated guardians.

Previous experiences of homelessness or running away from home have been linked to an increased likelihood of youth becoming homeless (Grattan et al., 2022; Prince et al., 2019; Shah et al., 2017; Sznajder-Murray et al., 2015; van den Bree et al., 2009), poor schooling (Morton et al., 2018; van den Bree et al., 2009), not completing high school (Shah et al., 2017), and a history of delinquent or problematic behavior (Bearsley-Smith et al., 2008; Prince et al., 2019; Robert et al., 2005) are also prominent risk factors. Van den Bree and colleagues (2009) found that if the youth had school adjustment issues between the ages of 11 to 18, they were 1.57 times more likely to experience homelessness between 18 and 28 years old.

A history of delinquency or behavior problems was a particular risk factor for homelessness for youth with a history of foster care (Bearsley-Smith et al., 2008; Robert et al., 2005). Researchers found that personal or peer substance use was a risk factor for experiencing homelessness (Bearsley-Smith et al., 2008; Rosario et al., 2012; Shelton et al., 2009; Sznajder-Murray et al., 2015). Peer influence, especially substance use among peers, significantly increases the risk of youth experiencing homelessness. The lack of a supportive network can exacerbate the situation, making it harder for youth to cope and find stable housing.

Disclosure of non-heterosexual orientation was also a risk factor, with youth who identified as lesbian, gay, or bisexual (LGB) being 2.20 times more likely to experience homelessness than their non-identifying counterparts (Morton et al., 2018). Moreover, homeless youth declared their sexual orientation younger than housed youth (Rosario et al., 2012).

Interpersonal Factors

Youth report leaving home for various reasons, including parental conflict, being "kicked out" of their home, physical, verbal, and sexual abuse, parental neglect, or parental substance use (Karabanow et al., 2016; Thrane et al., 2006; Tyler & Bersani, 2008; van den Bree et al., 2009). The 2016 NYHS found that 63 percent of youth reported histories of childhood abuse and trauma, and 58 percent engaged with child protective services (Gaetz et al., 2016). Given the high abuse, trauma, and neglect rates, the research on youth experiencing homelessness has focused on family conflict and estrangement as factors contributing to youth homelessness (Abramovich & Shelton, 2017; Tyler & Schmitz, 2013). While many youth do not choose to become homeless, the broader context of family dysfunction and instability can exacerbate situations of homelessness, driving youth to seek independence from unsupportive homes (Gaetz, 2014b; Shelton, Poirier, et al., 2018).

Youth who reported increased placements in foster care were more at risk of homelessness. Shah and colleagues (2017) report that youth with a history of four or more foster placements were 1.83 times more likely to experience homelessness. Sznajder-Murray et al. (2015) also found that youth from a single-parent family, step-family, or family with non-biological parents were also at an increased risk of experiencing homelessness. Moreover, households with economic difficulties or low household incomes were at a greater risk for homelessness (Morton et al., 2018; van den Bree et al., 2009). Bearsley-Smith and colleagues (2008) identified that youth who reported family conflict were 2.74 times more likely to report experiencing homelessness. Other family factors, such as family instability (Tyler & Schmitz, 2013), a father who is incarcerated (Tyler & Bersani, 2008), family conflict, and family drug use (Bearsley-Smith et al., 2008), increase the risk of experiencing homelessness for youth.

Based on the indicators mentioned above, it is clear that there are a multitude of factors associated with youth homelessness. Their journeys to homelessness vary and relate to various personal and familial. By identifying risk factors and circumstances related to pathways to homelessness for youth, we can better understand how youth can adapt and cope with difficult situations and how various components of resilience are essential to a successful outcome.

Structural and Systemic Factors

It is evident that individual and interpersonal factors play a role in youth experiencing homelessness, however it is necessary to also acknowledge the structural and systemic level factors and failures. At the root, homelessness is a systemic problem involving several institutions and sectors. A critical problem is that services and programs act in parallel and support for housing, social services, health, correction, mental health, and employment, among others, are fragmented. Meaning they have differing funding systems, different regulations, and

different service location. Many youth and young adults experiencing have or will have relationships with youth institutions such as child protection, children and youth mental health, and the youth justice system. The siloing of institutions has a substantial influence on youth entering homelessness (Nichols, 2016).

While there are many institutional level failures, for a youth population it is important to look at the child welfare system. The relationships between involvement in the child welfare system, or foster care, and youth homelessness is well-document in the literature (Bonakdar et al., 2023; Coates & McKenzie-Mohr, 2010; Gaetz et al., 2016; Karabanow & Nylor, 2013; Nichols, 2013; 2016). In Canada, it is substantiated that indigenous, racialized, and 2SLGBTQ+ youth are over-represented in the child welfare system (Alberton et al., 2020; Barker et al., 2014; Blackstock, 2011; Bonakdar et al., 2024; Gaetz et al., 2016; Mosher & Hewitt, 2018; Nichols et al., 2017; Sinha et al., 2018).

The 2019 NHYS, report 61 percent of youth having prior involvement with child protective services (Bonakdar et al., 2023). Moreover, the majority of youth survey respondents (51.6%) who were discharged from child protective services reported that they did not have support in developing a suitable plan for where they could go or how they could support themselves. Involvement in child protective services also increased risk for numerous intersecting problems including housing instability and homelessness, academic underperformance, poor mental health and physical health, underemployment, and interactions with the criminal justice system during and after care (Doyle, 2007; Gypen et al., 2017).

Stressors and Consequences of Youth Homelessness

For youth whose home does not provide safety and protection, escaping adverse environments and abuse can feel like a relief (Ferguson, 2009b; Radu, 2017). However, the

experiences and complexities of homelessness can create or contribute to a multitude of negative consequences such as physical health problems (Chelvakumar et al., 2017; Kulik et al., 2011), nutritional vulnerability (Crawford et al., 2015; Hatsu et al., 2019; Sprake et al., 2014), psychological problems (Kidd et al., 2021; Swahn et al., 2012), substance use problems (Dawson-Rose et al., 2020; Smith et al., 2017), exposure to or early sexual activity and exploitation (Begun et al., 2019; Solorio et al., 2008; Tyler et al., 2007), risk of criminal victimization (Tyler & Schmitz, 2018), involvement in the criminal justice system (Baron, 2017; Wolff & Baglivio, 2017), and lower levels of education and higher rates of dropping out of school (Gaetz et al., 2016).

Additionally, social services and community resources are not always adequate or available, leaving homeless youth to navigate challenges and consequences independently (Black et al., 2018; Gallardo et al., 2020). Youth may also face discrimination based on age and identity when seeking housing, healthcare, and employment services. Adolescents who are homeless are forced into adulthood at an early age, with little access to normative activities and knowledge to navigate the transition. The transition to adulthood is difficult, as it is a critical developmental time marked by greater financial responsibilities and the ability and need to make their own decisions (Barker et al., 2015). The effects of minimal vocational training, minimal income, and lack of support make this an incredibly challenging time for youth who are homeless as they navigate entering adulthood and survival (Karabanow et al., 2016; Kozloff et al., 2013).

Physical Health

Adolescence is a critical developmental period, and a stressful environment can impact the development of the brain and nervous system (Eiland & Romeo, 2013; Smith & Pollak,

2020). Research on homelessness and physical health has been conducted predominantly on adults, with a limited focus on youth.

Homeless youth encounter difficulties with self-care and personal hygiene. Good personal hygiene can increase self-esteem and well-being (Goldenhart & Nagy, 2021). When asked about personal hygiene, many youth experiencing homelessness indicated having difficulty maintaining personal hygiene (Gaetz et al., 2016). As this group is less likely to seek or have access to health services (Chelvakumar et al., 2017; Kulik et al., 2011), this has the potential to increase the risk for untreated illness and infections.

Several researchers highlight that youth struggle with a variety of sexual health problems. Time spent homeless has been found to increase the likelihood of youth engaging in harmful or risky sexual behaviours (Begun et al., 2019; Solorio et al., 2008; Tyler et al., 2007). For example, harmful or risk sexual behaviours may include: lack of condom use and transactional sex ("survival sex") for shelter, food, clothing, and drugs. Santa Maria and colleagues (2018) reported that experiencing the first episode of homelessness at age 24 or younger was associated with a greater likelihood of having condomless sex, new sexual partners, and multiple sexual partners.

Among youth, the use of condoms is met with ambivalence and inconsistency (Begun et al., 2019). Some view condoms as a waste of resources, not believing it is the best use of their money, and other youth highlight that they are 'in the moment' and having a condom is not their top priority. However, it is more likely that, given the history of the AIDs epidemic, gay men are more likely to prioritize condom use (Begun et al., 2019). Further, having overlapping sexual partners who also have a network of sexual partners partaking in unprotected sex increases the risk of HIV transmission (Hsu et al., 2018).

Based on youth engagement with unprotected sex with multiple sexual partners, it is well documented that sexual health is a notable concern for youth experiencing homelessness that includes being at an increased risk for HIV and other STDs (Caccamo et al., 2017). Notably, researchers have found that youth participating in transactional sex are less likely to use condoms as they earn more money (Begun et al., 2019; Hsu et al., 2018). In a review conducted by Caccamo et al. (2017)**,** they found that across the literature, the prevalence of sexually transmitted diseases (STD) among homeless youth ranged from six to 32 percent and was more prevalent for girls than boys as they presented lower rates of condom use.

Physical health is also significantly impacted by food insecurity and malnutrition. Several researchers have looked at the dietary intake of homeless youth and determined that they experience a poor-quality diet, which may include low dietary fiber and too much fat, low fruit and vegetable intake, and low vitamin intake (Crawford et al., 2015; Hatsu et al., 2019; Schroeder & Higgins, 2017; Sprake et al., 2014). Notably, researchers have found that malnutrition and increased consumption of alcohol and substances worsen signs and symptoms of chronic health issues (Schroeder & Higgins, 2017).

Researchers have found that food insecurity motivates youth experiencing homelessness to utilize a variety of means to obtain food, including stealing food, obtaining food from friends, and selling drugs or sex for money to purchase food (Lee & Greif, 2008; Tyler & Johnson, 2006). Kloubec and Harris (2021) explored how homeless youth access food and found that the most common strategy was to get food or money from friends or relatives or put off buying things they may need to purchase day-old food. While it was rare that youth in this study traded sexual activities for food, findings from previous studies have shown that this is not an uncommon means for youth to obtain food (Tyler & Johnson, 2006).

Mental Health and Substance Use

Several researchers have highlighted that youth with experiences of homelessness display a higher rate of diagnosable mental health problems, suicidality, and problematic substance use than their housed counterparts (Boivin et al., 2005; Cronley & Evans, 2017; Gaetz et al., 2016; Perlman et al., 2014; Sznajder-Murray et al., 2015). Smith and colleagues (2017) found that precariously housed youth displayed higher levels of concurrent disorders (i.e., mental health and substance use problems) and substance use concerns compared to stably housed youth. Their vulnerability is heightened given their transient state (Ferguson et al., 2013) and exposure to adverse life events (Abramovich & Shelton, 2017; Tyler & Schmitz, 2013).

Among respondents of the 2019 NYHS, 74% reported the presence of mental health symptoms (i.e., anxiety, depression, and suicidal ideation) and traumatic distress (Kidd et al., 2021). Further, approximately one-third had at least one suicide attempt and had been hospitalized for a drug overdose. Gewirtz O'Brian and colleagues (2020) conducted a study with a sample of students in ninth and 11th grade who were either homeless, had run away and became homeless, had run away but returned home, or were stably housed youth. The findings emphasized that youth who have run away or are experiencing homelessness have exceedingly higher mental health needs than their housed counterparts. Self-injury, suicidal ideation, suicide attempts, and depression were frequently reported in all groups except the stably housed. Notably, youth who had run away and experienced homelessness had the highest prevalence on all four indicators. This is consistent with previous findings, which showed that depressive symptoms were prevalent among youth experiencing homelessness (Kidd, 2007; Swahn et al., 2012).

It is well understood that mental health problems and substance use often coexist (Dawson-Rose et al., 2020; Hadland et al., 2011). Compared to stably housed youth, Smith and colleagues (2017) found that precariously housed youth reported more problematic substance use. Youth experiencing homelessness turn to using substances to cope with their mental health symptoms and daily life (Heerde et al., 2014; Narendorf et al., 2017). In a sample of 100 homeless youth, 12 to 24 years old, Dawson-Rose and colleagues (2020) explored the relationship between trauma, mental health, and substance use. They found that while substance use was not significantly correlated with trauma, it was significantly correlated with mental health symptoms. Within their sample, the use of substances was at a level placing youth at a moderate risk of harm. They suggest that youth may turn to substances as a form of coping with mental health symptoms.

Victimization

While homeless youth report high rates of physical and/or sexual abuse prior to experiencing homelessness, many youth face revictimization on the streets, including high rates of sexual assault and physical assault (Tyler & Beal, 2010). Victimization includes events that involve any direct harm or crime committed against an individual (Cotter, 2021). It can be emotional, verbal, physical, or sexual threats or assaults and robbery. Victimization can be done by a stranger, acquaintance, or someone with a close relationship with the harmed individual.

Researchers have found that compared to a population of housed youth, homeless youth report an increase in physical and sexual victimization and bullying, as well as victimization directly tied to their sexual or gender identity (Alessi et al., 2021). Homeless youth report multiple instances of victimization on the streets (Harris et al., 2017), with rates between 21 and

32 percent of youth experiencing sexual victimization and over 50 percent experiencing physical victimization (Bender et al., 2015).

Youth who experienced child abuse prior to homelessness were more likely to experience victimization on the streets (Tyler & Schmitz, 2018). While young women are at greater risk for sexual victimization, young men are more likely to experience physical victimization (Tyler & Schmitz, 2018; Tyler et al., 2019). Alessi and colleagues (2021) found that sexual and gender minorities were at heightened risk for experiencing victimization than cisgender and heterosexual youth.

Notably, the ability to obtain basic necessities (e.g., food, shelter, clothing, and toiletries) served as a protective factor against physical victimization (Tyler & Schmitz, 2018; Tyler et al., 2019). The difficulty finding necessities may result in youth using alternative strategies such as stealing, robbing, or trading sex for food or shelter. These strategies have been linked to an increased risk of physical victimization on the street.

Criminal Activity

Youth experiencing homelessness face several difficulties and insecurities that increase their risk for mental health. For example, substance use problems and victimization that may result in youth participating in criminal activities for survival (e.g., stealing, robbing, trading sex for food or shelter). Homeless youth's past home environment and traumatic childhood experiences associated with maltreatment are related to the risk of delinquency and reoffending (Wolff & Baglivio, 2017). In a sample of precariously housed (n= 450) and stably housed (n=2155) Canadian youth, Smith and colleagues (2017) found that precariously housed youth were more likely to have engaged in recent crime or violence than their housed counterparts.

With a lack of reliable necessities, such as shelter and food, and high rates of experiencing violent victimization, youth turn to deviant survival strategies (e.g., stealing, robbery, selling drugs and sex for goods) (Baron, 2017). By taking part in survival strategies, youth can form relationships with law offenders and criminals who may assist them with survival and provide guardianship while exploiting and harming (sexually or physically) them. Baron (2017) emphasizes that experiences of homelessness and victimization result in a belief that following laws and social rules may not be in their best interest.

School Participation

Unstable housing has an impact on school attendance and retention. Schwan and colleagues (2018) explored youth perspectives on what strategies need to be developed to prevent youth homelessness. Improvement to the educational system was the most prominent response. Researchers note that the presence of educational problems differentiate homeless youth from their housed peers (Hyman et al., 2010). The 2019 NYHS reported that out of 1103 youth surveyed (12 to 24 years old), 68 percent had not completed high school, and eight percent had less than a grade nine education (Bonakdar et al., 2023).

While there are societal and educational challenges for homeless youth, school is critical as it often represents a safe and familiar environment (Thielking et al., 2017). Researchers suggest that social experiences, such as peer relationships in school, significantly impact positively their subjective quality of life; fostering peer engagement also increases positive school engagement (Moses & Villodas, 2017; Thielking et al., 2017). The involvement of schools also holds the potential to minimize feelings that come with the experiences of homelessness, such as isolation and lack of community connection (Thielking et al., 2017).

Access to Services and Resources

As previously mentioned, homeless youth have experiences of maltreatment and abuse and therefore express difficulty trusting adults and authority figures (Black et al., 2018). Youth experiencing homelessness may face several barriers in engaging with services, such as not having appropriate identifying documentation (Sample & Ferguson, 2020), being unaware or unable to access services, having confidentiality concerns, and disliking asking for help (Black et al., 2018; Gallardo et al., 2020).

Youth have reported a need for specialized and individualized health services and indicate a lack of trust and negative experiences with health professionals (Adkins et al., 2017). When exploring key challenges to access services, Stewart and colleagues (2010) found that participants identified lack of information as a prominent barrier. Youth were not familiar with individualized and age-appropriate health and available social services. Gallardo and colleagues (2020) emphasize that the lack of awareness of services prevents youth from accessing a full range of health services.

In addition to a lack of knowledge of and access to services, homeless youth experience discrimination, which adds to the complexity of navigating health and social services. Youth have described feelings of judgement or not being taken seriously by service providers (Black et al., 2018; Gallardo et al., 2020). Moreover, the lack of integrated service teams and communication across different service providers, forces youth to retell their stories, which youth identified as a barrier to accessing services (Black et al., 2018). Service providers have identified challenges faced by youth because of resource shortages, the inflexibility and variability of eligibility criteria for services, including policies that discriminate against age and sexual orientation (Black et al., 2018; Gallardo et al., 2020). Youth who identify as LGBTQ2S+ have

also identified discriminatory policies as barriers to accessing services and resources safely and without judgement (Gallardo et al., 2020). For example, while shelters are a critical access point to get services and support, segregation by birth sex presents an increased risk of gender discrimination and gender violence, particularly for youth who are gender diverse (Abramovich, 2012).

Internalized Symbolic Burden of Homelessness

The symbolic burden of homelessness is the stigma and negative identity associated with being homelessness (Preece et al., 2020). Homelessness carries a symbolic construct that individuals are irresponsible, untrustworthy, failures, and who lack moral responsibility (Farrugia, 2010; Frederick, 2019; Harter et al., 2005). Moreover, youth are aware of these public perceptions and stereotypes associated with homelessness. This awareness influences their daily interaction, often leading to strained relationships with peers and authority figures (Farrugia, 2010; Frederick, 2019; Harter et al., 2005).

The symbolic burden influences the struggle where youth experiencing homelessness struggle to form a positive identity (Harter et al., 2005). Researchers have highlighted a pervasive sense of personal shame experienced by youth experiencing homelessness, rooted in how society views and frames homelessness as a moral and personal failing (Farrugia, 2010; Frederick, 2019; Harter et al., 2005; Preece et al., 2020). This symbolic burden of homelessness leads to internalized feelings of worthlessness, shame., and inadequacy. Farrugia (2010) highlights that the experience of homelessness embodies feelings of degradation and disempowerment, strongly related to the power relationships and structural inequality that homeless youth experience. The public belittlement reinforces feelings of worthlessness and shame.

Homeless youth construct their views of themselves in relation to the societal norms and often feel ashamed for not meeting these standards (Frederick, 2019). Furthermore, youth begin to view their experiences as a personal failure and individualize the blame (Farrugia, 2010; Harter et al., 2005). The internalized societal messages lead to self-blame for their experiences of homelessness with constant feelings of being judged or degraded (Frederick, 2019).

Coping with Adverse Experiences

Kidd and Shahar (2008) interviewed 208 youth in Toronto and New York City to understand how they cope with daily challenges and what they consider important in their lives. While the difficulties associated with homelessness and unstable living amongst this population are well-known, researchers recognize the innate capabilities and resilience that youth portray to overcome the adversity and hardships that come with these experiences (Dang, 2014; Greenfield et al., 2021; Kidd & Davidson, 2007; Miller & Bowen, 2020; Shankar et al., 2019; Thompson et al., 2016; Toolis & Hammack, 2015). Notably, Thompson and colleagues (2016) suggest that experiencing adversity supports building resilience, as youth may acquire more adaptive and effective coping strategies.

Social Network and Support System

In order to cope with their present environment, one tactic employed by youth experiencing homelessness was creating and leveraging social support networks. Many youth rely on social networks for housing, day-to-day survival, and emotional support (Fulginiti et al., 2022; Joly & Connolly, 2019; Kidd & Shahar, 2008; Miller & Bowen, 2020; Nuñez et al., 2022). The circumstances of homelessness among youth require the need to build diverse social networks. While this may include parents and family, they rely more on peers and friends.

Researchers have recently started to look at how parents and other family members can remain a part of youth's lives as they navigate homelessness (Dang, 2014; Frederick et al., 2021). While familial conflict may be one of the reasons for youth being homeless, earlier research completed by Dang (2014) highlights the importance of social connection, including family connection, in developing resilience. They examined how social connection predicted resilience in 150 youth who have experienced homelessness. Notably, good mental health was associated with good family connections. The relationship between youth experiencing homelessness and their family is complex, and efforts made to support reintegration, family connection, or family support may act as a valuable resource in their lives.

Having home-based friends (i.e., friends they had before experiencing homelessness who remain stably housed) has been found to provide social support and help keep youth from engaging in risk behaviours such as substances use including hard drugs, and suicidal ideation (Fulginiti et al., 2022). Moreover, these friends can model adaptive coping mechanisms. These friendships are associated with fewer suicide attempts and report lower levels of psychological distress. As experiences of homelessness may leave youth feeling ostracized from mainstream society, finding acceptance, social support, and collaboration with other youth experiencing homelessness helps navigate stressors and the challenges they face (Joly & Connolly, 2019; Kidd, 2003; Preece et al., 2020; Stewart & Townley, 2020). Having shared experiences in these relationships provides feelings of support, validation, and safety.

Moreover, Kidd (2003) emphasizes that youth value street friendships, especially when first experiencing homelessness. These friends are considered invaluable in supporting them until they learn to cope on their own and teach them the unspoken rules of the street. However, street friends can be associated with positive and negative attributes. While there are benefits, such as

emotional support, connectedness to their environment, practical survival support, and opportunities for coping, these friendships are also described as superficial, unreliable, vicious, and manipulative (Fulginiti et al., 2022; Kidd, 2003; Rueger et al., 2016). Additionally, homeless youth who lose their home-based friends with whom they grew up and family support may be less likely to leave the streets if their friends who are also homeless are there to assist them.

Finally, regarding support from health and social services, many youth have had negative experiences seeking help and learned to distrust service providers as a protective mechanism (Bender et al., 2018). However, this distrust varied and seeking help from others, including mentors and service providers, can fluctuate. The distrust and caution often stem from feelings of judgment and stigma. For this reason, service providers must work to reduce those feelings and engage in empowering youth (Bender et al., 2018). When strong positive relationships are developed, it is found to be related to lower levels of stress and higher levels of life satisfaction.

Personal Agency

Despite the high levels of victimization and adversity, being resourceful, standing up for themselves, and having the ability to survive and meet basic needs (e.g., making money, securing a place to stay, finding food) have been identified as core aspects of resilience amongst youth experiencing homelessness (Greenfield et al., 2021; Kolar et al., 2012; Roebuck & Roebuck, 2016; Shankar et al., 2019; Thompson et al., 2016). Researchers highlight that some youth develop a sense of personal agency and self-reliance and resist focusing on past trauma and unstable situations (Thompson et al., 2016; Toolis & Hammack, 2015). In an exploration of their experiences, Toolis and Hammack (2015) stress that youth refused to be merely defined by their circumstances, trauma, poverty, and past. Rather, they also actively find self-worth, hope, and

redemption from their experiences. Moreover, they believe in their ability to create a brighter future for themselves.

Researchers have identified the importance of valuing and being secure with themselves over being reactive to the beliefs and opinions of others (Kidd, 2003; Shelton, Wagaman, et al., 2018). Whereas having a stigmatized view of themselves can be a source of distress, not seeing themselves as outsiders can be empowering for youth experiencing homelessness (Kidd & Shahar, 2008). Furthermore, youth voiced the importance of positivity and optimism in discussing challenges (Thompson et al., 2016). Despite hardship, accepting the consequences and being content with their situation helped youth develop positive thoughts and energy. Identifying positive aspects of their lives, such as experiencing freedom and autonomy, allowed youth to find comfort in their present situation.

Hope and Vision for the Future

Finding resources for survival, coping with loneliness through social networks and social support, and having a desire for self-improvement help youth experiencing homelessness consider a different future for themselves (Wood et al., 2024). While the perceptions of homelessness can seem like an insurmountable obstacle for many youth, some can view this as a situation outside of their control rather than a personal failing (Miller & Bowen, 2020). Given the instability and hardship, researchers emphasize that some youth can imagine a bright and stable future (Shelton, Wagaman, et al., 2018). Researchers have emphasized that many youth remain focused on the experience of looking toward the future as a way to foster a desire for survival (Shankar et al., 2019; Shelton, Wagaman, et al., 2018).

There is a strong distinction between the outcomes for youth who remain hopeful and those who do not. A lack of hope is related to the engagement of life-threatening behavior,

whereas hope, belief in the future, and feelings of helplessness have been linked to fewer suicidal ideations, feelings of helplessness, and suicide attempts (Zhang et al., 2020). Developing positive meaning from their experiences, reinterpreting their home, and imagining a brighter future can empower young people to overcome current challenges and develop coping skills and resilience.

Barriers to Exiting Homelessness

Compared to the large body of research focused on risk factors and pathways into homelessness, fewer studies have looked at the process of exiting the streets. Understanding this transitioning process is crucial to assist youth in achieving housing stability. Prolonged experiences of homelessness are a barrier to exiting homelessness and significantly impact youths' participation in normative activities for their age group in school, socially, and in the workforce (Gaetz et al., 2019). Reduced involvement in normative activities in these areas jeopardizes their ability to develop the skills needed for independence, autonomy, and transition to adulthood.

Most youth who exit homelessness identify challenges such as facing financial hardships, maintaining social relationships, and keeping stable housing (Karabanow et al., 2016; Kidd, 2016). Alongside financial and housing stability, Karabanow and colleagues (2016) highlight personal factors that support successfully leaving homelessness, including changing habits, building healthy relationships, and letting go of the homeless identity. In order to better understand barriers and challenges facing youth in exiting homelessness and sustaining housing, we must examine personal resources and independence, interpersonal relationships, and structural and systemic obstacles.

Individual Barriers

Several researchers highlighted that exiting the streets is an internal and personal decision, considering being ready to get off the streets and live independently (Mayock, O'Sullivan, et al., 2011; Mayock & Parker, 2020; Sample & Ferguson, 2020). Karabanow and colleagues (2016) examined youth's trajectory exiting homelessness (*N*=21). While some youth found the process intense, others said that exiting homelessness began with the realization that it was time to take life seriously and transition from impulsive thinking to thoughtfulness. Given the history of trauma and the high value of self-reliance developed on the street, Sample & Ferguson (2020) highlight youth's reluctance to reach out for the help required to exit homelessness.

The most significant hurdle in personal resources was a lack of money (Sample & Ferguson, 2020). Researchers have addressed that while lack of money is a considerable barrier, youth indicate a lack of knowledge and skills in money management. Moreover, spending habits on the street made saving money to move towards exiting homelessness increasingly challenging. In addition, financial barriers to exiting homelessness included lacking proper documentation (e.g., ID and social security number) needed to obtain housing and employment (Sample & Ferguson, 2020).

Interpersonal Barriers

Researchers highlighted that broken relationship are an essential barrier for youth exiting homelessness (Mayock & Parker, 2020; Sample & Ferguson, 2020). Situations that interfered with exiting homelessness included experiencing trauma in relationships with romantic partners and family and being exploited financially and abandoned by family. As a result, homeless youth have minimal social support for finding housing and transitioning out of homelessness.

Breaking formal social relationships from the streets and developing independence is described as a struggle for youth and a significant personal change (Mayock & Parker, 2020; Sample & Ferguson, 2020). Managing interpersonal relationships and friendships was perceived as a necessary step to navigating out of homelessness. Mayock & Parker (2020) highlight that youth trying to exit housing find it necessary to distance themselves from their street peers and drug users to build more independence and healthier behaviours. However, the isolation felt from distancing from the street environment, and peers can make transitioning out of homelessness exceedingly difficult (Kidd, 2016).

Structural and Systemic Barriers

Structural and systemic barriers such as underfunded and inadequate resources and social programs, employment challenges, lack of transportation, and discrimination hinder the efforts to assist youth transitioning out of homelessness (Kidd et al., 2021; Rambaldini-Gooding et al., 2024). A prominent structural barrier is the lack of youth's understanding and awareness of the housing market and affordable housing options. Mayock & Parker (2020) found that youth's obstacles when attempting to navigate the rental market were varied and diverse. However, most had minimal or no experience interacting with landlords or leasing agencies. The inability to obtain reference letters from former landlords is a substantial barrier to obtaining housing.

As explained, youth face several barriers to exiting homelessness. These barriers are interconnected with the difficulties of employment and discrimination (Sample & Ferguson, 2020). While secure income is needed to secure housing, homeless youth partake in survival behaviour and lack a safe environment preventing them from meeting job expectations and maintaining employment. Moreover, employment barriers, such as racial discrimination, discrimination of homeless status, and criminal background, decrease the ability to secure

income through employment to afford housing. In addition, exposure to discrimination and violence may amplify mental health problems and substance use, further cementing youth in a homeless lifestyle that is difficult to escape (Sample & Ferguson, 2020).

Programs and Interventions for Youth

Research on interventions for people experiencing homelessness has focused mostly on an adult population. Thus, leaving a gap on evidenced-based interventions for a youth population. As aforementioned, youth are a distinct subgroup of the population of individuals experiencing homelessness. Interventions designed for youth experiencing homelessness should be tailored to their social and developmental stage (Rambaldini-Gooding et al., 2024). While there has been an increase in interventions specifically for youth experiencing homelessness, few have been evaluated for effectiveness (Altena et al., 2010; Morton et al., 2020).

Notably, Henwood and colleagues (2018) explored the youth perspective of what was necessary or should be considered for housing interventions. It is important that accompanying housing, youth receive support with developing necessary life skills, that stably housed youth often take for granted (e.g., laundry, cooking) along with job skills and training (Henwood et al., 2018; Stich et al., 2023).

Research has found Housing First (HF) to be the most effective approach to end homelessness. However, the effectiveness of HF has been primarily examined with an adult population, and there is a need for a better understanding the needs of youth accessing housing services (see Curry & Abrams, 2015; Munson et al., 2017, & Henwood et al., 2018, Parpouchi et al., 2021). It is important to investigate youth preferences as they may not be synonymous with the preferences and needs of adults.

Housing First Intervention

HF is an intervention for adults experiencing homelessness, notably a subpopulation of individuals experiencing chronic homelessness, mental illness, and addiction (Goering et al., 2011). In the early 1990s, Pathways to Housing in New York City developed and tested HF, that included providing rent subsidies that facilitated renting private market apartments scattered in a community and offering portable supports in the form of Assertive Community Treatment or Intensive Case Management for individuals who have been chronically homeless and diagnosed with serious mental illness (Tsemberis, 2015). People were moved directly from the streets to housing without meeting any pre-conditions. In Canada, Housing First was tested in the At Home/Chez Soi (AHCS) Demonstration project, a multisite randomized control trial conducted in five cities (Vancouver, Winnipeg, Toronto, Montreal, and Moncton) (Nelson et al., 2014)

The HF model is a recovery-oriented approach that aims to provide people with immediate, scattered-site housing (Aubry et al., 2015; Stefancic & Tsemberis, 2007). It acts as an alternative to treatment first approaches, which require people to address mental health and addiction concerns to determine housing readiness (Padgett et al., 2016). Central to the Pathway's HF model are four guiding theoretical principles (Aubry et al., 2015): [1] Immediate housing and consumer-driven services, [2] separation of housing providers (i.e., landlords) and clinical or support services, [3] adoption of a recovery orientation, and [4] facilitation of community integration.

Immediate Housing and Consumer-Driven Services.

Consumer choice is a central value that drives housing and service arrangements (Tsemberis, 2015). Individuals are encouraged to choose the type of housing and neighbourhood and the types of services that will meet their needs. This choice supports autonomy and personal

mastery and facilitates active participation in the program (Oudshoorn et al., 2023; Tsemberis, 2004, 2015).

Separation of Housing and Support Services.

Housing and services are separated geographically and offered by different supporting individuals or organizations (Aubry et al., 2015). Housing typically involves independent apartments that are owned by community landlords or social housing organizations. When participating in a HF program, individuals have standard tenant leases and hold the same rights and responsibilities as any other tenant. The support services are located in the community and provided by community mental health teams. To keep their housing, tenants do not have to meet treatment requirements, except for weekly program visits. Despite the housing and services being separate, it is understood that the teams will work closely together to support the needs of the individual receiving services from the program (Aubry et al., 2015).

Recovery Orientation.

Mental health recovery is a personal process centered on empowerment, hope, identity, meaning, and purpose (Davidson et al., 2005; Davidson & White, 2007; van Weeghel et al., 2019). This principal rests on the assumption that most people with psychiatric disability and serious mental illness are capable of making rational choices and pursue personal growth and meaning in their lives, despite struggling with symptoms (Stefancic & Tsemberis, 2007; Tsemberis, 2015). HF supports recovery through a hopeful and respectful approach. It aims to build upon strengths and celebrate successes.

Community Integration.

HF facilitates a sense of belonging and participation in activities with the community (Tsemberis, 2015). The scattered site housing ensures that program participants live in housing

with a range of non-disabled neighbours. Participants are encouraged to map out their community for available amenities, transportation, and access to health care supports.

HF represents a paradigm shift to support individuals with persistent mental illnesses exit homelessness and attain housing stability (Aubry et al., 2015). For participants who received HF, several significant outcomes were found. In terms of housing outcomes, high rates of exiting homelessness and remaining stably housed were found for people who received HF. Furthermore, there was a greater improvement in community functioning, community integration, and quality of life (Aubry et al., 2015).

Housing First for Youth

Despite the vast amount of research on the effectiveness for HF with an adult population, there had been little research to date on the use of this approach for youth. Kozloff and colleagues (2016) examined the effectiveness of the Pathways model among youth participants in the At Home / Chez Soi demonstration project. HF significantly improved housing stability for youth experiencing homelessness ages 18 to 24 with mental illness. Youth who received the intervention were stably housed 65 percent of days whereas treatment as usual youth were housed 31 percent of days. Based on the findings from their study, Kozloff and colleagues (2016) recommend that the HF model may need to be adapted for a youth context to address broader outcomes of mental health, community integration, and employment.

HF for youth (HF4Y) is an adaptation of the HF model adapted to take into account the developmental, social, and legal needs that are distinct from an adult population (Gaetz, 2014a; Gaetz et al., 2023; Gaetz et al., 2021). While HF programs are delivered to young people under the age of 25, the HF4Y model has a clear distinction in terms of core principles, goals, and outcomes. However, HF4Y includes principles that target the developmental and social needs of

youth. The HF4Y model is guided by five principles that overlap with the Pathways model of HF: [1] Immediate access to permanent housing with no preconditions, [2] Youth choices and self-determination, [3] Positive youth development, [4] Individualised and client-driven supports, and [5] social and community integration (Gaetz et al., 2021).

Immediate Access to Permanent Housing with no Preconditions.

In parallel with the Pathways model of HF, a key principle of HF4Y is the provision of assistance to obtain safe, affordable, and permanent housing as quickly as possible (Gaetz et al., 2021).

Youth Choices and Self-Determination.

In line with Pathways HF, HF4Y is a client centred approach that emphasizes choice of housing and services. In supporting youth, HF programs ensure that that they fully understand the housing and service options available in order to make informed decisions. Further, it is important to consider the greater picture when working with a youth population which includes their age and cognitive abilities, as this may impact their decision-making. Following the principles of self-determination (Gaetz et al., 2021), HF4Y principles aligned with the idea that youth should be in control of their own lives and learn from their own decisions.

In addition to supports, it is important that there is a consideration of a broader range of housing options for youth (Gaetz, 2014a; Gaetz et al., 2021). This can range from facilitating a return home to their parents or to move into housing of another significant adult relationship (e.g., grandparents, other family members, friends, God parents), or to live in transitional or supportive housing. Returning home must often be accompanied by ongoing family counselling and mediation (Winland, 2013).

Positive Youth Development and Wellness Orientation.

Whereas Pathways HF prioritizes a recovery orientation (Tsemberis, 2015), HF4Y emphases the need for positive youth development (Gaetz et al., 2021). Positive youth development focuses on the identification of youth strengths and building self-esteem and a sense of self. Compared to the recovery orientation, positive youth development aims to improve communication and problem solving, building or rebuilding natural supports (i.e., family reconnection), goal setting, and accessing educational opportunities.

Individualised and Client-Driven Supports.

Consistent with Pathways HF principles, youth involved with HF4Y have access to supports they need and choose (Gaetz et al., 2021). An important consideration for a HF program when specifically working with a youth population is that the supports help them transition to adulthood, in addition to transitioning to independent living. Supports must be age-appropriate and reflect the needs of youth and young adults (Gaetz et al., 2021). Further, giving the quickly evolving needs of youth, services and supports must be adaptable.

Community Integration.

The principle of community integration rests on the idea that the HF4Y model aims to support youth in building their strengths, skills, and relationships (Gaetz et al., 2021). Finding opportunity for social, cultural, and spiritual engagement encourages positive social relationships and social inclusion. This is particularly important for youth who may experience stigma due to identity and in turn greater social isolation. (i.e., Indigenous, racialized, LGBTQ2S, newcomer youth). Youth should also be supported in identifying their support network and relationships that they wish to repair (e.g., family). Finally, in terms of community integration, it is important

that youth have opportunity to engage in meaningful activities through education, employment, and recreational activities (Gaetz et al., 2021; Rice et al., 2023).

HF4Y is an adaptation to the Pathways HF model. While it clearly aligns with the key principles of the Pathways model, such as providing immediate housing, adopting a client-centered approach, and emphasizing community integration, it is based on the understanding of the unique foundations and circumstances of youth homelessness. However, as emphasized by the unique HF4Y principles, the model takes into account the developmental stage (i.e., cognitive, emotional, and social needs) of youth. The distinct HF4Y model emphasizes the strengths and dreams of youth, and strives to augment protective factors and resilience (Gaetz, 2014a). An essential consideration compared to the Pathways HF model, is that HF4Y stresses that youth cannot be rushed into the responsibilities of independent adulthood and need additional supports for, at times, a number of years.

In line with the Pathways HF model, HF4Y is built on the idea that youth have the right to housing and those who are homeless will recover and do better if they are first provided stable housing (Gaetz et al., 2021). However, it is evident in both models that support for underlying issues such as mental health, addictions, is necessary to have success in recovery (Gaetz et al., 2019; Karabanow et al., 2016; Kidd et al., 2016; Mayock & Parker, 2020). For youth this may also branch out to support rebuilding familial connections, finding employment, and completing education.

While the Pathways HF model emphasizes the need for scattered site independent living (Tsemberis, 2015), HF4Y considers the unique circumstances the importance of tailoring supports and housing options to the needs of youth (Gaetz et al., 2021). The housing needs for youth can vary and change overtime in line with their stage of development and life skills. Given

the needs and life stage, housing may include independent scattered site housing, but also considers the needs of youth who are not yet confident of living independently and who may prefer transitional or congregate housing environments.

Youth Homelessness in the Covid-19 Pandemic

Researchers have demonstrated a myriad of impacts that the pandemic has taken on the well-being and mental health of people globally (Gianfredi et al., 2021). These effects have disproportionately affected marginalized populations, including youth experiencing homelessness. The pandemic exacerbated the ongoing stressors that youth were facing such as not meeting basic needs and housing instability (DiValerio Gibbs et al., 2023). The pandemic significantly reduced the well-being of youth experiencing homelessness, a population already vulnerable to poor mental health due to adverse childhood and traumatic experiences linked to homelessness (Noble et al., 2022).

The pandemic had profound psychosocial impacts for these youth, most prominently discussed were isolation and loneliness, mental health challenges, and financial and employment challenges (Cohen & Bosk, 2020; DiValerio Gibbs et al., 2023; Noble et al., 2022; Rew et al., 2021). Rew and colleagues (2021) highlight that youth lack social relations and traditional support networks, and these circumstances were worsened during the pandemic when youth were seeking support or social connection.

Additionally, common spaces such as drop-in centres and in person groups were closed and youth were unable to receive that connections and support that they were normally getting and used to receiving (Gabriel et al., 2021; Noble et al., 2022). The closure of community services led many youth to lose their social support systems and safe spaces (Gabriel et al., 2021). Barriers to accessing support services became more pronounced with many youth lacking

stable internet access and private spaces, acting as barriers for accessing virtual support and resources (Rew et al., 2021).

Mental health difficulties and substance use among youth experiencing homelessness also increased during the COVID-19 pandemic (Cohen & Bosk, 2020; Noble et al., 2022). The rise in unemployment, changes to routines, and feelings of isolation compounded these experiences, leading to increased mental health challenges including an increase in anxiety, depression, substance use, and suicidality (Noble et al., 2022; Rew et al., 2021). Noble and colleagues (2022) emphasize that youth struggled with finding support when dealing with mental health, with more youth seeking hospitalization for mental health issues due to the lack of other community-level supports.

Youth experiencing homelessness experienced numerous losses with the onset of the pandemic. One particularly difficult transition was the loss of employment and the increase in financial insecurity, which were already precarious (Noble et al., 2022; Rew et al., 2021). Although these challenges were not new for these youth, the pandemic exacerbated the impact of job losses. The loss of work and community support threatened their path to independence, leaving them feeling stuck and unable to move forward.

Theoretical Framework

Ecological Model of Resilience

The ecological model underpins the majority of resilience research. The ecological model in community psychology proposed by Kelly (1986) and Trickett (1984) offers a theoretical framework to support the understanding and promotion of resilience responses and suffering. The researchers emphasize the interdependence of individuals and their communities in this model. The ecological model includes a resource perspective, which implies that individuals and

communities evolve adaptively and can be defined in terms of communal resource creation, preservation, and exchange (Harvey, 2007; Kelly, 1986).

Masten & Cicchetti (2016) highlight the core ideas of systems theory in research on resilience. Based on systems theory, they highlight the predictability of risk and protective factors and cyclical connection (Masten & Barnes, 2018; Ungar, 2004). This framework demonstrates that there are interdependent systems, and there are many interacting systems at every level, shaping the function and adaptation of an individual. The capacity for adaptation is dynamic and constantly changing.

Under the ecological paradigm, risk factors are considered contextually sensitive, and the impact is cumulative (Masten, 2015; Ungar, 2004). No single risk factor is universally more important than others; instead, it is the combination of various risk factors that collectively influence outcomes (Masten, 2015). Common identified risk factors include demographic characteristics (e.g., racial/ethnic minority), parental factors (e.g., no high school diploma, mental illness, substance use), family factors (e.g., single parent family, crowded homes, welfare status, homeless experiences), and neighbourhood factors (e.g., high crime rates, high poverty).

Based on ecological and systems theories, two resilience-related models are proposed: the compensatory model and the protective model (Fergus & Zimmerman, 2005; Fleming & Ledogar, 2008). Complementing the ecological and systems theory, the constructivist model interprets the outcomes of adverse experiences as interactions between individuals and their environments (Ungar, 2004). Together, these three models describe the interplay between risk factors and protective resources. The compensatory, constructivist, and protective models form the foundation of the three studies in this dissertation.

Compensatory Model

The compensatory model, also referred to as the main effect model by Masten (2015), is considered the most basic model of resilience research. This model includes a combination of risk factors and protective resources that directly correlate to an outcome (see Figure 1). Whereas risk factors are understood to act as a barrier to adaptation, protective resources are expected to support adaptation over and above the impact of risk factors (Fergus & Zimmerman, 2005; Fleming & Ledogar, 2008; Masten, 2015).

Risk factors may include individual mental health problems or mental health problems of family members, exposure to stressful life experiences (e.g., childhood abuse and maltreatment), and precarious life circumstances (e.g., low socioeconomic status, low education level). Protective resources are factors that aid in support of positive adaptation (e.g., close friends, social support, effective schooling, and supportive educational system).

Researchers have used the compensatory model to explore the association of cumulative risk and protective factors on various outcomes. For example, Ostaszewski & Zimmerman (2006) examined factors related to polydrug use among adolescents. They looked at individual, peer, and family level risk and protective factors and found that cumulative risk factors accounted for most of the explained variance. Farrington et al., (2016) investigate risk and protective factors for youth offenders and delinquency. They found that increased interpersonal problems, a convicted parent, and high daring behaviour were risk factors associated with increased delinquency. At the same time, low neuroticism and having fewer friends were notable protective factors.

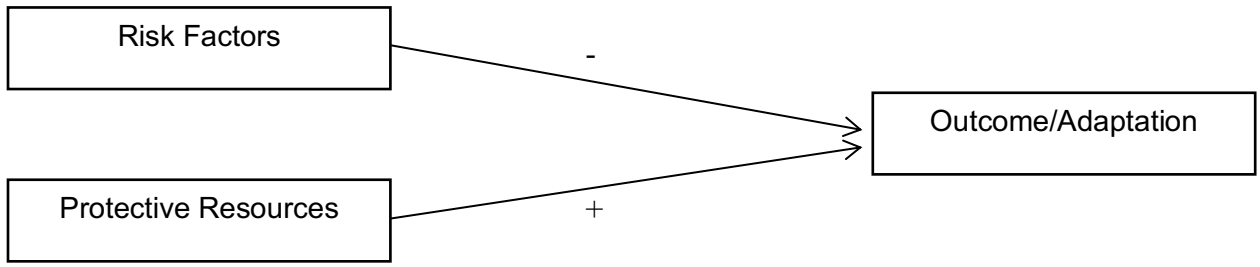
Askeland and colleagues (2020) examined the association between adverse life events and personal, social, and family protective factors' contribution to depressive symptoms in a

sample of adolescents ages 16 to 19 (*N*= 9 546). Researchers found that irrespective of negative experiences (e.g., death of a close relative, being victims of physical violence from adults, witnessing violence between adults, unwanted sexual experiences), adolescents with greater goal orientation, self-confidence, social competence, social support, and family cohesion reported fewer depression symptoms. Zimmerman et al. (2013) emphasize that this model supports understanding of the direct relationship of protective resources with positive outcomes that can inform prevention programs or promote healthy development.

The compensatory framework guides study one of this dissertation.

Figure 1.

Compensatory model of resilience showing a direct relationship of a risk factor and a protective factor.



Constructivist Model

Whereas there is increasing use of the constructivist model, the ecological perspective continues to dominate most of the research on resilience done to date. A constructivist understanding compliments the dominant ecological view. As mentioned above, the ecological paradigm defines resilience in the traditional sense: positive adaptation in response to adversity. A constructivist approach recognizes context and environment that may have a personal impact on an individual and their well-being (Ungar, 2004)..

In a recent study, MacDonald and Cote (2021) explore the social inequities in homelessness-oriented services in Canada. Their findings highlight that people experiencing homelessness resign to having little control over interventions. Furthermore, this paradigm invites the researcher to reflect on their position of privilege (Bodiford, 2013). Through a constructivist model, the researchers emphasize the link between individual agency and service structure, which underlines the socio-political nature of interventions for homeless individuals. Through exploring complex policies, practices, and experiences, MacDonald and Cote (2021) suggest that services should engage in ways to create a space that allows their clients to be heard, employ personal choice, and participate in the decision-making process.

While the constructivist perspective compliments and expands the ecological model, it also challenges some of its assumptions. First, the constructivist perspective integrates race, gender, class, and ability at a fundamental level of the way we understand and define resilience. For example, researchers emphasize that certain behaviours (e.g., stealing) and expressions of self may be specific to one's socio-environmental context.

Second, the constructivist paradigm stresses the need to revisit the dichotomous thinking of risk and protective factors that subjectively sort characteristics based on biases and privileges of researchers (Ungar, 2004). Importantly, this paradigm does not attribute universal or hierarchical relationships between risk and protective factors, highlighting the complexity and circumstantial nature of factors that are influenced by cultural, social, and political contexts (Ungar, 2004; Ungar et al., 2008).

Whereas the ecological paradigm depicts resilience as normative, a judgment of what is a positive or negative adaptation is required. The constructivist model stresses the importance of recognizing agency, avoids labeling behaviour as one-dimensional (e.g., a failure, deviant

behaviour), and questions the normative assumptions (Kolar et al., 2012). This is particularly problematic when working with a vulnerable population, such as youth experiencing or at risk of experiencing homelessness, as it condemns and stigmatizes certain activities, such as violence and illegal activity, and categorizes them as deviant or maladaptive. Researchers have emphasized that this overlooks the possible coping mechanisms and strategies that may be employed for living in resource-limited and unstable environments (Kolar et al., 2012; Roebuck & Roebuck, 2016).

Kolar et al. (2012) and Roebuck & Roebuck (2016) explored how street-involved youth and youth experiencing homelessness navigate coping and decision-making. While their strategies may appear maladaptive when compared to those of housed youth, they reflect adaptive responses to their challenging social environments, instability, and trauma. For instance, both studies found that youth often feel the need to sever ties with people and reshape their identities to avoid conflict and learn to trust others less based on their lived experiences. In addition, the importance of protecting peers and putting the safety of others above their own, particularly when discussing safe substance use, leads to taking care of themselves. Kolar et al. (2012) emphasize the need for protection from using violence. While this may be considered maladaptive from a normative perspective, youth described fighting violence with violence as a necessary way to protect themselves and not be taken advantage of. Regarding life skills, Roebuck and Roebuck (2016) highlight partaking in illegal activities (e.g., drug dealing, stealing) to make money and obtain necessary assets. While they indicated that youth described this as temporary, it was a means of survival given their socioeconomic circumstances.

The constructivist model guides study two of this dissertation.

Protective Model

The protective model, also known as the moderator model by Masten (2015) depicts a relationship in which protective resources may buffer, ameliorate, or protect an individual from the impact of potential risk factors (see Figure 2). These factors may neutralize or weaken the impact of risk factors but will not remove them altogether. Protective resources that mitigate risk factors may include stable homes, social support, community integration, and life skills related to living independently (e.g., cooking, cleaning, and paying bills).

Researchers have used the protective model to examine the buffering impact of protective factors on outcomes and adaptations. With a sample of children seven to ten years old (*N*=481), Jaureguizar and colleagues (2018) found that students' resilience, self-concept, and social skills moderated the relationship between stress and childhood depression. Self-concept and social skills increased positive behaviours (e.g., cooperation, responsibility, optimism, social skills, adaptability, resilience), buffering the negative impact between stress and depression.

Clements-Nolle and Waddington (2018) examined whether internal resilience and external assets protect juvenile offenders (*N*= 429) exposed to adverse childhood experiences from psychological distress. The researchers found that increased internal resilience, supportive and open family communication, school connectedness, and peer role models reduced the relationship between high adverse childhood experience exposure and psychological distress.

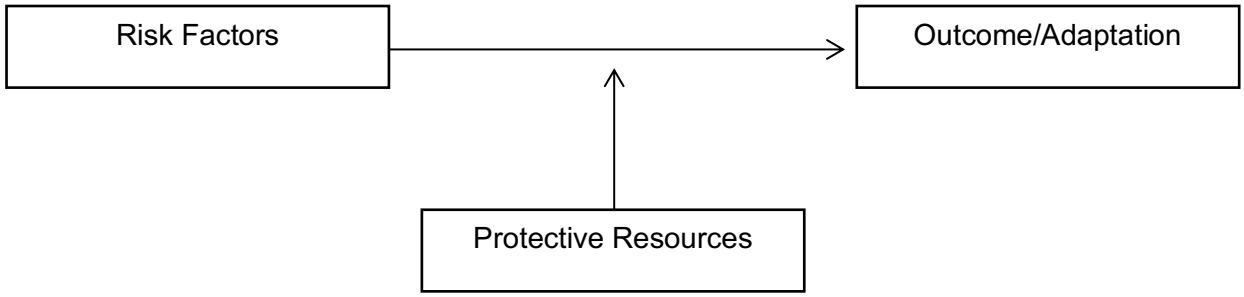
Gamarel and colleagues (2019) tested the association of crime exposure and resilience resources on substance use behaviour using a protective model on a sample of sexual minority men (*N*= 720, 15 to 24 years old). Preliminary analyses found that while crime exposure increased, resilience reduced alcohol, marijuana, and drug use. When examining the moderating impact, the researchers found that resilience resources, including needs met by resources, access

to lesbian, gay, bisexual, and transgender (LGBT) resources, and perceived satisfaction with community supports reduced the association between crime and drug and alcohol use. The implication of these findings highlights that resilience and access to external resources can support mitigating the impact of adverse circumstances on youth.

The protective model of resilience guides study three of this dissertation.

Figure 2.

Protective model of resilience showing moderating effect of protective resources on risk factors.



Overview of the Current Research

Youth Homelessness is a multifaceted and deeply entrenched social issue, with no singular cause, straightforward solution, or uniform experience. The body of literature presented above reflects the individual, interpersonal, and structural factors that influence the pathways to homelessness, the experiences during, and the barriers exiting. These factors include but are not limited to family conflict, abuse, neglect, poverty, and systemic discrimination. While these factors contribute to increased risk and harm, it also highlights youth's capacity for developing resilience. For the purpose of this dissertation, resilience defined following Masten's (2001) definition being the ability to positively adapt in the context of experiencing adversity.

Despite a large body of work examining risks, research on protective factors and the development of resilience is limited. Most studies have focused on mental health and survival, while few have explored the protective factor of resilience and how it may facilitate housing stability and social reintegration. Studies have shown that youth experiencing homelessness demonstrate autonomy, perseverance, and emotional intelligence (Kidd & Davidson, 2007; Thompson et al., 2016). However, there is a lack of attention to how resilience is developed overtime.

Focusing on resilience shifts the narrative from one of victimization to one of strength and capability. Moreover, this reframing is vital to informing strength-based interventions, leveraging youth agency, and inform practice that is youth-centric and developmentally informed.

The objective of the current research is to explore how we can foster resilience and if resilience in turn supports housing stability. This article-based dissertation is comprised of three studies that examine the development and role of resilience for youth experiencing or at-risk of homelessness. Data from Making the Shift (MtS) Social Innovation Lab's randomized controlled trial for Housing First for Youth (HF4Y) will be used as the basis for three secondary studies. MtS is co-led by A Way home Canada and the Canadian Observatory on Homelessness, based at York University. MtS focuses on the prevention of youth homelessness by identifying, developing, and testing projects aimed at addressing policy and practice needs.

As part of the MtS Social Innovation lab, HF4Y has been implemented in Ottawa and Toronto in partnership with two community agencies. The agencies in Ottawa and Toronto focus on two different groups of youth experiencing homelessness and housing instability. Ottawa focuses on youth who are currently experiencing homelessness, while Toronto focuses on youth

exiting the child welfare system. The greater study was approved by the Office of Research Ethics at York University (see Appendix A). Use of the data for secondary purposes was approved by the University of Ottawa (see Appendix B).

The thesis grounds itself in the ecological paradigm of resilience, focusing on protective and risk factors that support the development of resilience and obtaining housing stability. It focuses on three risk factors, namely substance use, mental health symptoms, and adverse childhood experiences. The thesis examines four protective resources, namely social support, psychological integration, life skills, and resilience.

This thesis is completed through a partnership with MtS Social Innovation lab. All analyses are completed using secondary data that was previously collected by trained research assistants at MtS. As a doctoral candidate my role was as an external collaborator to complete analyses that were determined beneficial to knowledge making and were auxiliary to the primary findings of evaluating the effectiveness of the HF4Y intervention. I, as primary investigator of this dissertation, completed all study conceptualization, design, and data analyses of the data for the three studies outlined below.

Using quantitative longitudinal data from Ottawa and Toronto, I completed three studies to explore protective and risk factors that support resilience and which protective and risk factors, if any, support housing stability. Study One uses quantitative data and investigates the factors that hinder (risk) or support (protective) as predictors of resilient behaviours.

Using qualitative interviews from youth in Ottawa and Toronto at six months and 18 months, Study Two explores how youth discuss risk and protective factors and how they adapt to their environment. I focus on the coping process that youth use and if they in turn support the development of resilience, displayed in facets such as self-awareness, personal and emotional

growth, finding purpose, tolerance affect, and sustained competence under stress. The study use two time points of data, one year apart, to understand if stressors, coping strategies, and displays of resilience change over time.

Studies One and Two followed a convergent (parallel) mixed-method longitudinal design (Fetters et al., 2013). Mixed methods research involves the use of both quantitative and qualitative date within a single of multi-phase research project (Greene, 2007). In a convergent design, quantitative and qualitative data are analyzed at the same time (Fetters et al., 2013). The findings from the quantitative and qualitative analysis acted as a form of data triangulation to strengthen the significance of the findings.

Study Three uses quantitative data from Ottawa and Toronto. The study explores protective and risk factors that support housing stability over time. Similarly to Study One, this study focuses on risk factors and protective factors as predictors of housing stability. As well, it examines if the relationship of risk factors and housing stability is moderated by protective resources.

Positionality Statement

As a community-based researcher, I acknowledge that my social location, shaped by my identity as a middle-class Caucasian cisgender woman, has influenced my process. My position as an early-career researcher brought both strengths and limitations. On one hand, my proximity in age to many of the youth participants contributed to my understanding of the developmental disadvantages and struggles faced by the youth in his study. On the other hand, I recognize that my interpretations are shaped by my own experiences, which differ from those of participants whose lives have been shaped by experiences of homelessness and intersecting systems of marginalization.

I approached this work with a commitment to collaboration, humility, and reflexivity – ensuring that I discussed results and interpretations with individuals with lived experiences of youth homelessness. Grounded in community-based methodologies, I strived to center the experiences of those with lived experience to contribute to meaningful social and program change. Throughout the research process, I engaged in ongoing self-reflection, dialogue with community partners and lived experience experts, to ensure that the research remained respectful and aligned with community needs.

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Fostering Resilience: Risk and Protective Factors Predictive of Resilience Over Time

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Study presented here as a modified version of a manuscript submitted to a peer-reviewed journal with minor formatting changes for continuity with the rest of the dissertation.

Abstract

Background Developing resilience encourages adapting to life's challenges, reframing setbacks as opportunities for growth, and adopting a positive outlook on the future. Resilience is crucial for homeless youth to mitigate the negative impact of stressful life events. The study aims to understand how risk factors and protective resources predict resilience over time, to support youth in overcoming trauma, navigating adversity, and transitioning toward stability and independence. **Participants and Setting:** The study sample comprised of 122 youth who have experienced or been at risk of homelessness. **Methods:** Longitudinal data were analyzed using hierarchical multiple regressions to examine the predictive influence of risk factors (adverse childhood experiences, mental health symptoms, and substance use problems) and protective resources (social support, psychological community integration, and life skills). **Results:** At baseline, greater severity of mental health symptoms was predictive of lower level of resilience ($\beta = -0.22$, $p<.05$) and life skills were the only protective resource predictive of resilience ($\beta = 0.48$, $p<.001$). At one-year, greater severity of mental health symptoms ($\beta = -0.24$, $p<.01$) remained a significant predictor of lower levels of resilience, no protective resources significantly predicted level of resilience. A greater number of adverse childhood experiences ($\beta = 0.18$, $p<.05$) and higher levels of social support ($\beta = 0.38$, $p<.001$) significantly predicted higher levels of resilience at 24-months. **Conclusion:** The interplay between risk factors and protective resources influencing resilience over time is complex and interconnected. The conclusion will discuss possible interventions to address mental health problems and increase social support.

Key Words: Youth Homelessness, Resilience, Risk Factors, Protective Resources, Housing First for Youth

Fostering Resilience: Risk and Protective Factors Predictive of Resilience Over Time

Introduction

Homelessness is a significant problem in Canada, with up to 40,000 unaccompanied youth aged 13 to 24 experiencing it each year (Duchesne et al., 2019; Kidd et al., 2021). Due to their unstable housing and lack of a safe and supportive adults, these youth are particularly vulnerable. This vulnerability is heightened by their developmental challenges, which include finishing school, seeking employment, and establishing social and intimate and relationships. Additionally, they face stressors like poverty, social exclusion, uncertainty about the future, and increased engagement in risky behaviours such as violence, crime, and substance use (Baker et al., 2010; Gaetz et al., 2021; Henwood et al., 2018).

The majority of current research and the media portrayal of youth homelessness concentrates on high-risk behaviours and the challenges they confront (McCarthy, 2013), increasing the potential to dehumanize and overlook the individual circumstances and experiences of these young individuals. Researchers highlight that treating youth as victims of their circumstances is counterproductive and detrimental. It fosters a sense of incompetence, discourages them from seeking alternative lifestyles, and creates a cycle of dependency (Dyck et al., 2022). Nevertheless, many youth experiencing homelessness have a strong sense of independence, resilience, and a need to maintain control and safety (Dyck et al., 2022; Kidd & Shahar, 2008; Kidd & Davidson, 2007; Thompson et al., 2016).

Adversity among youth experiencing homelessness

For youth whose prior experiences of homes (e.g., when living with family) do not provide safety and protection, escaping adverse environments and abuse can feel like a relief (Ferguson, 2009a; Radu, 2017). However, the experiences and complexities of homelessness can

create or contribute to a multitude of problems and consequences, such as physical health problems (Bender et al., 2018; Chelvakumar et al., 2017; Kulik et al., 2011), psychological problems (Kidd et al., 2021; Swahn et al., 2012), substance use problems (Dawson-Rose et al., 2020; Smith et al., 2017), risk of criminal victimization (Gaetz et al., 2010; Tyler & Schmitz, 2018), involvement in the criminal justice system (Baron, 2017; Wolff & Baglivio, 2017), and lower levels of education and higher rates of dropping out of school (Gaetz et al., 2016).

Prior to experiencing homelessness, many youth endure high rates of abuse, which often persist on the streets (Edalati et al., 2016; Heerde et al., 2014; Tyler & Beal, 2010; Tyler & Schmitz, 2018). Studies show that youth frequently encounter victimization while experiencing homelessness, with significant portions experiencing sexual (21-32%) and physical (over 50%) assaults (Bender et al., 2015; Harris et al., 2017). Young women are disproportionately affected by sexual victimization, while young men are more likely to face physical assaults (Tyler & Schmitz, 2018; Tyler et al., 2019).

Additionally, sexual and gender minority youth face heightened risks of victimization compared to their cisgender and heterosexual peers (Alessi et al., 2021). Early experiences of child abuse among these youth are linked to increased vulnerability to street victimization (Tyler & Schmitz, 2018). Compared to their housed counterparts, youth experiencing homelessness report higher incidences of physical and sexual victimization, bullying, and victimization tied to their sexual or gender identity (Alessi et al., 2021).

Given the pivotal developmental stage of this subgroup, it is crucial to recognize the potential lack of adequate skills and resources needed to transition to adulthood successfully, such as necessities like cooking, doing laundry, and finding employment. Despite this, youth experiencing homeless are identified as being resourceful, standing up for themselves, and

having the ability to meet basic needs (e.g., making money, securing a place to stay, and finding food) (Greenfield et al., 2021; Kolar et al., 2012; Roebuck & Roebuck, 2016; Shankar et al., 2019; Thompson et al., 2016).

Researchers highlight that some youth who are experiencing homeless develop a sense of personal agency and self-reliance and resist focusing on the trauma and their unstable situations by creating a dialogue of redemption from their past experiences (Shelton, Poirier, et al., 2018; Thompson et al., 2016; Toolis & Hammack, 2015). Toolis and Hammack (2015) emphasize that youth experiencing homelessness refuse to be defined solely by their circumstances, trauma, poverty, or past, highlighting their high levels of resilience.

Resilience among youth experiencing homelessness

Resilience is described as a characteristic that serves to protect or reduce vulnerability in the face of adverse circumstances (Goldsteing & Brooks, 2023). The late teens and early twenties, known as late adolescence and young adulthood, represent a time of significant variability and change. It is, therefore, critical to study the pathways to resilience of at-risk youth during this stage (Burt & Paysnick, 2012).

While drive, determination, independence, and maturity are necessary for surviving on the streets, they are also critical for overcoming homelessness. Growing attention from researchers is given to understanding young people's strengths and perseverance, demonstrating that resilience can be a protective factor against the adverse outcomes of homelessness (Cronley & Evans, 2017; Grattan et al., 2022; Jackson, 2021; Kidd & Davidson, 2007). Researchers emphasize that youth experiencing homelessness are not simply passive in their experiences but exhibit agency and considerable strength, self-reliance, and perseverance (Jackson, 2021; Kidd &

Davidson, 2007). Still, a paucity of research addresses how social services can promote and cultivate resilience.

Two recent systematic reviews investigated risk factors and resilience among youth experiencing homelessness (Cronley & Evans, 2017; Grattan et al., 2022). These reviews aim to understand resilience in youth to better and inform future research, policy, and practice, including developing services and interventions. Cronley and Evans (2017) examined empirical findings on resilience, highlighting the need to understand how youth survive in exceptionally adverse environments. They found that current research often applies socially normative behaviour models and focuses mainly on adverse outcomes, reinforcing a negative view of youth behaviour. For instance, a common theme across the reviewed studies was the reliance on informal social networks as a protective or resilience factor. In the absence of formal support systems like parents or guardians, youth may turn to informal supports relying heavily on friends, street relationships, and gangs to meet their basic needs.

The analysis and understanding of risk and protective factors are important considerations for the prevention of youth homelessness. Grattan and colleagues (2022) compiled a systemic list of factors associated with homelessness and measures to prevent homelessness. Commonly reported risk factors for youth experiencing homelessness include a prior history of homelessness independent from the family, running away from home, poor school performance, and a history of substance use. Compared to the large body of research examining risk factors, Grattan et al. (2022) stress that less is known about protective factors for this population. However, key protective factors across studies included good educational attainment, family relationships, and connection to at least one trusted adult. The researchers

emphasize that these factors are important when considering prevention and interventions for youth experiencing homelessness.

Very few studies focus on how resilience protects against adverse outcomes of homelessness for youth. Developing resilience encourages adapting to life's challenges, reframing setbacks as opportunities for growth, and adopting a positive outlook on the future (Cotton et al., 2005; Rew & Horner, 2003; Zolkoski & Bullock, 2012). Resilience is necessary among youth experiencing homelessness to reduce the negative burden of highly stressful life events(Cleverley & Kidd, 2011). Notably, Cleverley and Kidd (2011) found that youth who perceived themselves as having a higher level of resilience reported less psychological distress.

Exploring the development of resilience is critical for effectively supporting youth in overcoming traumatic experiences, navigating adversity, contributing to healthy development, and ultimately transitioning toward stability and independence. We recognize the interplay between various risk factors, such as experiences of abuse, neglect, and unstable living situations, and protective resources, including supportive relationships, access to education, and coping skills. By analyzing and understanding these factors, we can gain valuable insights into how resilience can be fostered and strengthened among youth experiencing homelessness. Moreover, this comprehensive understanding of risk and protective factors is crucial for designing effective prevention strategies to address youth homelessness. By targeting interventions that bolster protective resources while mitigating risk factors, interventions and services can work towards preventing homelessness before it occurs.

Current Study

The present study used data from the Making the Shift (MtS) Youth Homelessness Social Innovation Lab's 24-month randomized controlled trial of Housing First for Youth (HF4Y)

conducted in two major Canadian cities. MtS is co-led by A Way Home Canada and the Canadian Observatory on Homelessness. In contrast to treatment-first approaches, Housing First provides immediate access to scattered-site housing without pre-conditions, such as adhering to a treatment plan or abstaining from substance use, along with community-based mental health (Tsemberis, 2015). Based on the understanding that youth homelessness has distinct causes and circumstances compared to adult homelessness, HF4Y was created specifically in Canada as a tailored approach for young people experiencing homelessness (Gaetz et al., 2021)

HF4Y is an adaptation of the adult Housing First model intended to address the developmental, social, and legal needs that are distinct from an adult population (Gaetz, 2014b; Gaetz et al., 2021). Youth receiving HF4Y are provided a housing subsidy with various housing options, including private rentals, public housing where available, transitional housing and potentially moving in with family members (Gaetz et al., 2023; Gaetz et al., 2021). Youth are offered support services related to housing retention, well-being, income and employment, education, social inclusion, enhancing family and natural supports (FNS) and additional complementary supports, such as peer support. Five principles are fundamental to the HF4Y model: [1] immediate access to permanent housing with no pre-conditions, [2] youth choices and self-determination, [3] positive youth development, [4] individualized and client-driven supports, and [5] social and psychological community integration (Gaetz et al., 2021).

The ecological paradigm (Masten, 2015; Ungar et al., 2008) contextualizes this study. Under this paradigm, risk factors are considered contextually sensitive, the impact is cumulative, and it is understood that no single risk factor is more critical across individuals; instead, it is a combination of risk factors (Masten, 2015). Commonly identified risk factors include demographic characteristics (e.g., racial/ethnic minority), parental factors (e.g., presence of

mental illness and substance use problems), family factors (e.g., single parent family, crowded homes, welfare status, homeless experiences), and neighbourhood factors (e.g., high crime rates, high poverty).

Using a compensatory framework of resilience (Masten, 2015), the present study will examine risk and protective factors that are associated with resilience over time. This framework tests a combination of risk factors and protective resources to identify those that are related to resilience. Whereas risk factors are understood to act as a barrier to adaptation, protective resources are expected to support adaptation (e.g., social support, psychological community integration, life skills); (Fergus & Zimmerman, 2005; Fleming & Ledogar, 2008; Masten, 2015) over and above the impact of risk factors (e.g., mental health, adverse childhood experiences, and substance use).

Findings from this study will contribute to a better understanding of what helps and what hinders the development of resilience for youth experiencing or at risk of homelessness and suggest factors that should be addressed in interventions. Two research questions guide the study: (1) How do risk factors and protective resources relate to resilience? and (2a) Do increased presence of risk factors relate to lower perceived resilience over time? (2b) Do increased presence of protective resources related to an increased perceived resilience overtime? It is hypothesized that the presence of increased risk factors (i.e., adverse childhood experiences, psychological distress, and substance use) will be related to lower levels of youth's perceived resilience. In contrast, the presence of protective resources (i.e., social support, life skills, and psychological community integrations) will be related to higher levels of perceived resilience. It is expected that these relationships will continue to persist over time.

Methods

Participants

Participants were recruited from community service organizations, such as drop-in services and health clinics, in two Canadian cities, Ottawa and Toronto (n=148). Given the longitudinal nature of this study, the sample consists of 122 participants who completed structured quantitative interviews at baseline and at one year and two-year follow-ups. The youth in this sample were between the ages of 17 and 24, lived in Ottawa or Toronto, were homeless or precariously housed (i.e., at-risk of homelessness), and were randomized into two groups: [1] HF and [2] treatment as usual (TAU).

Measures

Demographic Characteristics. The Demographics, Housing, Vocational, and Service Use History Questionnaire (DHHS) developed for the At Home / Chez Soi trial was used to collect basic information about participants (Goering et al., 2011). This questionnaire has been adapted for a youth population, and additional questions on gender identity and sexual orientation have been added. Dichotomized data on gender (cisgender male/everyone else), sexual orientation (heterosexual/LGBTQ2S+), and race (white/person of colour, including Indigenous) will be used for this study.

Risk Factors. Adverse childhood experiences were examined using a 10-item questionnaire that assesses if participants have experienced psychological, physical, and sexual abuse, as well as other forms of household dysfunction before age 18 (see Appendix C) (Felitti et al., 1998). Each item was scored dichotomously (yes/no), yielding a total score ranging from 0 to 10. The ACE Questionnaire had acceptable internal consistency for this sample ($\alpha = .78$).

Because of its retrospective nature, the ACEs questionnaire was only administered once at six months. It is included as a variable in baseline and 12-month models.

The Brief Symptom Inventory (BSI) (Derogatis & Melisaratos, 1983) is a 53-item measure to assess severity of mental health symptoms. The BSI uses a five-point Likert scale ranging from 0 (not at all) to 4 (extremely) (see Appendix D). The nine subscales have been documented as acceptable to strong internal reliability (Boulet & Boss, 1991). A total score was computed using the sums of all nine symptom dimensions plus four items not categorized in a subscale, with higher scores corresponding to increased psychological distress. The BSI Questionnaire had excellent internal consistency for this sample excellent ($\alpha = .97$; consistent across three time points)

The Global Assessment of Individual Needs-Short Screener (GAIN-SS) (Titus et al., 2008) was used to assess the presence of substance use (see Appendix E). A total score for the past month was computed using four items from the subscale: Substance Disorder Screener (i.e., alcohol and drugs). The scores ranged from 0 to 5, with higher scores indicating increased presence. The subscales displayed good internal reliability for adolescence (baseline: $\alpha = .88$; 12-months: $\alpha = .86$; 24-months: $\alpha = .83$).

Protective Resources. The Multidimensional Screener of Perceived Social Support (MDSPSS) is a brief tool that measures perceptions of support from family, friends, and significant others (Zimet et al., 1990). The 12 items are rated from 1 (very strongly disagree) to 7 (very strongly agree), yielding a score ranging from 12 to 84 with higher scores reflecting higher levels of perceived support (see Appendix F). *Internal consistency of the MSPSS for this sample was excellent (baseline: $\alpha = .89$; 12-months: $\alpha = .90$; 24-months: $\alpha = .92$)*

The Youth Life Skills Assessment (YLSA) is a youth-centred tool based on the Ansel-Casey Life Skills Assessment (Morton et al., 2019). The assessment is composed of 49 items and is made up of six subscales: Career Planning, Daily Living, Homelife, Housing and Money Management, Self-Care, and Social Relationships (see Appendix G). The items are rated from 1 (*no*) to 5 (*yes*), with *mostly no, somewhat, and mostly yes* being the interim responses. A total score is computed, ranging from 49 to 245, with higher scores indicating youth having more life skills. Internal consistency of the YLSA for this sample was excellent (baseline: α = .92; 12-months: α = .94; 24-months: α =.95)

The Psychological Integration Measure has four items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) (see Appendix H). A total score is computed, ranging from 4 to 20, with higher scores indicating a greater sense of community. The measure underwent pre-testing and piloting to ensure the measure was relevant and applicable to a vulnerable population (Goering et al., 2011). In a sample of youth (18 to 24) experiencing or at risk of homelessness, the internal consistency of the psychological community integration was good (α = .71) (Manoni-Millar et al., 2023). The internal consistency of the psychological community integration measure for this sample was adequate (baseline: α = .64; 12-months: α = .6; 24-months: α = .54)

Resilience. The Resilience Scale (RS-14) is a 14-item self-report questionnaire measuring resilience or the ability to recover from stressful experiences (see Appendix I) (Wagnild, 2009). The measure used a 7-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Items were summed to compute an overall score ranging from 14 to 98, with higher scores indicating higher resilience. The RS-14 was validated using data from a sample of adolescents (*N*= 2 982) (Pritzker & Minter, 2014) and displayed strong reliability for late

adolescents (15 to 19 years of age; α = .91). Internal consistency of the RS-14 for this sample was excellent (baseline: α = .92; 12-months: α = .94; 24-months: α = .94)

Data Analysis

Hierarchical multiple regression (HMR) models were fitted to examine the two research questions. Youths who received HF and TAU were analyzed together. The predicted outcome was level of resilience. For the first HMR, we looked at baseline variables to predict baseline resilience. The second and third HMRs are prospective in nature, in that baseline variables were used to predict resilience at the 12-month follow-up, and 12-month variables were used to predict resilience as an outcome at 24 months. In addition to controlling for demographic characteristics in the second and third HMRs, the intervention variable was added in the first step to control youth receiving housing first intervention versus standard care as well as level of resilience at baseline. Predictor variables were entered sequentially in three blocks: [1] demographic characteristics: person of colour (including Indigenous), gender (male versus all), sexual orientation; intervention group (HF4Y versus TAU), and resilience at baseline; [2] risk factors: adverse childhood experiences, psychological distress, substance use, [3] protective resources: social support, life skills, and psychological community integration.

An a priori power analysis was conducted using G*Power 3.1 (Faul et al., 2007) to determine the required sample size for testing the hypotheses. The analysis indicated that to achieve 80% power for detecting a medium effect (Cohen's $f^2 = 0.15$) at a significance level of α= .05, a sample size of N = 98 was needed for hierarchical multiple regression with six tested predictor variables, nine total predictors. For the second and third hierarchical regression with an additional variable (seven tested predictor variables, 11 total predictors), the required sample size

remained N = 104. Therefore, the actual sample size of N = 122 is adequate to test the hypotheses.

Multiple imputation was used to address missing data. Data was scanned to determine the pattern of missing data; no missing data was found in the demographic variables, missing data for predictor variables, and the outcome variable ranged from 8 to 46%, with 46% being items of psychological integration at 24-months. Given the large amount of missing data, multiple imputation was deemed the most appropriate way to estimate the most accurate data set (Zhu, 2014). Based on the percentage of missing data, 50 imputed data sets are used. Findings are presented using pooled estimates of the multiply imputed datasets. All statistical analyses were performed using SPSS 29.

Before proceeding with analyses, the assumption testing of HMR was tested. There was linearity as assessed by partial regression plots and a plot of the studentized residuals against the predictive values. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There was independence of residuals, assessed by a Durbin Watson statistic of 2.24, 1.84, and 2.07, respectively, for the three models. There were no studentized deleted residuals greater than ±3 standard deviations, no leverage values greater than 0.2, and values for Cook's distances were all above 1. The assumption of normality was assessed by Q-Q Plots.

Results

Sample Characteristics

The youth in this sample had an average age of 19.48 years, ranging from 17 to 24. The sample was primarily composed of women (57%) and included representation from non-binary

genders (11%, such as transgender men, transgender women, gender fluid, and other identities). The representation of heterosexual and LGBTQ2S+ youth was relatively equal, with the majority identifying as heterosexual (54%). A significant proportion of the participants were Black, Indigenous, or People of Colour (61%; BIPOC). There was a near-even divide of youth between Ottawa (n=68) and Toronto (n=54). Additionally, the number of youth receiving HF4Y (*n*=65) and TAU (*n*=57) was relatively equal.

Resilience Overtime

A one-way ANOVA was conducted to determine if there was a difference in resilience between time points. The mean rating of resilience increased from baseline (M=66.12, SD= 17.94) to 12 months (M=68.8, SD=17.15), to 24 months (M=69.52, SD=18.29) at 24 months, but the differences between these three time points were not statistically significant, F(2,365)= 1.24, p=.292.

Results at Baseline

Results of the HMR predicting resilience at baseline are presented in Table 1. Demographic characteristics and the intervention variable did not significantly predict resilience, accounting for only 1% of the variance. The inclusion of risk factors was significantly associated with changes in resilience, accounting for a 7% increase in variance, $\Delta F(3,115)=3.02$, $p<.05$, with greater severity of mental health symptoms being significantly associated with lower levels of resilience ($\beta = -.22$, $p<.05$). The inclusion of protective resources accounted for another 26% of variance, $\Delta F(3,112)=15.36$, $p< .001$, with increased presence of life skills being associated with higher levels of resilience ($\beta =.48$, $p<.001$)

Table 1.

Hierarchical multiple regression predicting resilience at baseline.

Predictor	B	95% CI		SE B	β	R^2	ΔR^2
		LL	UL				
Step 1: Demographics						.04	.04
Ethnicity (Caucasian)	-2.95	-9.51	3.61	3.35	- .08		
Gender (Man)	.48	-6.72	7.68	3.67	.01		
Sexual Orientation (Heterosexual)	6.07	-.59	12.73	3.4	.17		
Step 2: Risk Factors						.11	.07**
Ethnicity (Caucasian)	-1.59	-8.09	4.91	3.32	-.04		
Gender (Man)	1.22	-5.97	8.41	3.67	.03		
Sexual Orientation (Heterosexual)	4.17	-2.58	10.93	3.45	.12		
ACEs	-.25	-1.46	.97	.62	-.04		
Mental Health Symptoms	-4.14	-7.9	-.38	1.92	- .22*		
Substance use problems	-1.1	-3.16	.95	1.05	- .1		
Step 3: Protective Resources						.37	.26***
Ethnicity (Caucasian)	-1.98	-7.65	3.7	2.9	- .05		
Gender (Man)	2.78	-3.41	8.96	3.16	.07		
Sexual Orientation (Heterosexual)	4.42	-1.38	10.22	2.96	.12		
ACEs	-.2	-1.26	.86	.54	- .03		
Mental Health Symptoms	-1.78	-5.16	1.57	1.72	- .09		
Substance use problems	.06	-1.76	1.88	.93	.01		
Overall Social Support	.12	-.06	.3	.09	.11		
Psychological Community Integration	.49	-.31	1.29	.41	.1		
Youth Life Skills	.76	.51	1.02	.13	.48***		

Note. N= 122. Coefficients are pooled estimates; CI= Confidence Interval; LL= lower Level, UL= Upper Level; Δ = change; p< .05*; p< .01**; p< .001***.

Results at 24-months

Baseline risk factors and protective resources predicting resilience at 12 months are shown in Table 2. The full model of baseline resilience, demographic and intervention characteristics, risk factors, and protective resources was statistically significant, R^2=.13, F(11,110)= 2.75, p<.01. Baseline resilience significantly predicted 12-month resilience and accounted for 12% of observed variance. Demographic characteristics and randomization to HF or TAU did not significantly predict resilience. With the inclusion of risk factors, although the model did not account for significant change ΔR^2= .05, ΔF(3,113)= .92 , p= .46), greater severity of mental health symptoms was found to be significantly associated with lower levels of resilience (*(β* = -.30*, p*<.01*).* The inclusion of protective resources in the regression did not significantly account for any change in the model predicting 12-month resilience.

Table 2.

Prospective model hierarchical multiple regression predicting recovery at 12 months.

Predictor	B	95% CI		SE B	β	R^2	ΔR^2 -
		LL	UL				
Step 1: Resilience at Baseline	.32	.16	.48		.34***	.12	.12***
Step 2						.14	.03
Resilience at Baseline	.34	.17	.51	.08	.36***		
Ethnicity (Caucasian)	4.53	-1.57	10.63	3.11	.13		
Gender (Man)	4.13	-2.48	10.75	3.37	.11		
Sexual Orientation (Heterosexual)	-2.47	-8.67	3.73	3.16	- .07		
Intervention Group	.93	-5.08	6.94	3.07	.03		
Step 2: Risk Factors						.19	.05
Resilience at Baseline	.29	.12	.46	.09	.31***		
Ethnicity (Caucasian)	5.03	-1.04	11.1	3.1	.14		
Gender (Man)	4.46	-2.19	11.12	3.4	.12		
Sexual Orientation (Heterosexual)	-4.34	-10.67	1.99	3.23	-.13		
Intervention Group	1.23	-4.73	7.19	3.04	.04		
ACEs	-.09	-1.21	1.02	.57	-.02		
Mental Health Symptoms	-4.44	-8.06	-.82	1.85	-.24**		
Substance use problems	.36	-1.56	2.27	.98	.03		
Step 3: Protective Resources						.22	.03
Resilience at Baseline	.35	.15	.55	.1	.37***		
Ethnicity (Caucasian)	4.21	-2	10.42	3.17	.12		
Gender (Man)	4.28	-2.42	10.98	3.42	.12		
Sexual Orientation (Heterosexual)	-4.46	-10.83	1.9	3.25	-.13		
Intervention Group	.36	-5.66	6.38	3.07	.01		
ACEs	-.12	-1.25	1.01	.58	-.02		
Mental Health Symptoms	-4.92	-8.66	-1.19	1.91	-.26**		
Substance use problems	.34	-1.63	2.31	1	.03		
Overall Social Support	.13	-.07	.32	.1	.11		
Psychological Community Integration	-.28	-1.18	.61	.46	-.06		
Youth Life Skills	-.23	-.55	.09	.16	-.15		

Note. N= 122. Coefficients are pooled estimates; CI= Confidence Interval; LL= lower Level, UL= Upper Level; Δ = change; p< .05*; p< .01**; p< .001***.

Results at 24 Months

Twelve-month risk factors and protective resources predicting resilience at 24 months are shown in Table 3. The full model of baseline resilience, demographic characteristics and intervention variable, risk factors, and protective resources was statistically significant (R^2= .33, F(11,110)=4.87, p< .001). Baseline resilience significantly predicted 12-month resilience and accounted for 13% of the observed variance. Demographic characteristics and randomization for HF or TAU did not significantly predict resilience. Risk factors accounted for an additional 6% of variance, with the total model accounting for 23% of variance. While the increase was not found to be significant, ΔF(3,113)=2.7, p=.07, ACEs were positively associated with resilience (β = 0.18, p<.05), indicating that the more experience to adverse events was related to higher levels of perceived resilience. The inclusion of protective resources accounted for a further 11% of variance, ΔF(3,110)=5.68, p< .001. An increased presence of social support was associated with a higher level of resilience (β = 0.38, p<.001).

Table 3.

Prospective model hierarchical multiple regression predicting recovery at 24 months.

Predictor	β	95% CI		SE B	β	R^2	ΔR^2
		LL	UL				
Step 1: Resilience at Baseline	.36	.19	.53	.06	.35***	.13	.13***
Step 2: Demographics						.17	.04
Resilience at Baseline	.35	.17	.53	.09	.35***		
Ethnicity (Caucasian)	3.4	-3	9.8	3.26	.09		
Gender (Man)	-.06	-7.04	6.92	3.56	.00		
Sexual Orientation (Heterosexual)	6.23	-.3	12.76	3.33	.18		
Intervention Group	3.12	-3.2	9.44	3.22	.09		
Step 3: Risk Factors						.23	.06
Resilience at Baseline	.33	.15	.51	.09	.32***		
Ethnicity (Caucasian)	3.82	-2.53	10.17	3.24	.10		
Gender (Man)	.05	-6.92	7.01	3.55	.00		
Sexual Orientation (Heterosexual)	5.8	-.66	12.25	3.29	.17		
Intervention Group	2.94	-3.33	9.22	3.2	.08		
ACEs	1.2	.01	2.39	.61	.18*		
Mental Health Symptoms	-3.62	-7.75	.29	1.99	-.19		
Substance use problems	-.52	-2.89	1.86	1.21	-.04		
Step 4: Protective Resources						.33	.11***
Resilience at Baseline	.3	.13	.47	.09	.3***		
Ethnicity (Caucasian)	4.03	-2.1	10.15	3.12	.11		
Gender (Man)	1.79	-4.95	8.52	3.44	.05		
Sexual Orientation (Heterosexual)	6.6	.47	12.73	3.13	.18*		
Intervention Group	2.64	-3.4	8.67	3.08	.07		
ACEs	1.43	.28	2.57	.58	.21		
Mental Health Symptoms	-2.61	-6.61	1.4	2.04	-.14		
Substance use problems	-.44	-2.74	1.86	1.17	-.03		
Overall Social Support	.5	.25	.76	.13	.38***		
Psychological Community Integration	-.01	-.05	.04	.02	-.03		
Youth Life Skills	-.23	-.58	.12	.18	-.14		

Note. N= 215. Coefficients are pooled estimates; CI= Confidence Interval; LL= lower Level, UL= Upper Level; Δ= change; p< .05*; p< .01**; p< .001***.

Discussion

The importance of resilience in the transition to adulthood is multifaceted, influenced by individual and external risk factors and protective resources. Understanding what supports and hinders the development of resilience in youth experiencing homelessness is essential to identifying areas for targeted interventions to support positive adaptation. This study adds to the growing literature on resilience and offers an exploration of how this population can be best supported.

The results of the present study highlight the complex interplay between various risk factors and protective resources influencing resilience over time. First, it is important to acknowledge that resilience remained relatively stable during the two years of this study and youth scored low to moderate resilience scores (Wagnild & Young, 1993). Based on the model of risks and resources, the regressions found that among risk factors, which included ACEs, severity of mental health symptoms, and substance use, increased severity of mental health symptoms was found to be a predictor of lower perceived resilience at baseline and 12-months. At 24-months, increased presence of ACEs was found to be a predictor of higher perceived resilience. Among protective resources, which included life skills, psychological community integration, and social support, having greater life skills was a predictor of higher levels of resilience at baseline. In addition, at 24 months, higher levels of social support emerged as a strong predictor of higher levels of resilience.

This discussion is divided by risk factors and protective resources with a focus on predictors of resilience: mental health, ACEs, life skills, and social support. Related to these variables, interventions are presented on how we can support the predictor to develop increased

resilience and support positive adaptation for youth experiencing homelessness to their environment over time.

Risk Factors: Mental Health and Adverse Childhood Experiences

At baseline and 12-months, increased severity of mental health symptoms was consistently found to be a predictor of lower levels of resilience. It is well understood that mental health functioning and resilience are interconnected, and researchers consistently found that youth with higher levels of resilience report higher levels of mental health functioning (Mesman et al., 2021; Schäfer et al., 2023). Reciprocally, the findings of this study show that greater severity of mental health symptoms is significantly related to lower levels of resilience. Given the presence of this relationship, addressing mental health problems appears to be an important area of focus in order to increase the level of resilience in youth.

Wang and colleagues (2019) conducted a systematic review of interventions for effective treatment of mental health problems among youth experiencing homelessness. They highlight a variety of interventions for youth, emphasizing the need for tailored and flexible approaches. The interventions identified by Wang et al. (2019) highlighted the importance of individual and family therapies and skill-building programs. Among individual therapies, cognitive behaviour therapy is the most consistently reported to have benefits and is shown to reduce symptoms of depression and substance use. Among family-based therapies, they suggest interventions that target family dynamics, address conflict, improve communication, and promote positive interactions. Family interventions have consistently been found to reduce substance use among youth. Finally, in terms of skill building, providing education and training on aspects of daily living, job readiness, and interpersonal skills helps youth develop the necessary competencies to

live independently. Moreover, they highlight the need for case management and structural supports such as housing.

Overtime, we found that a higher number of ACEs was a predictor of increased resilience. Previous research found a negative association of number of ACEs and levels resilience and psychological health (Morgan et al., 2021). However, findings from our study suggest the opposite, notably that having experienced more ACEs is associated with higher levels of resilience. This can be explained by the development of skills for regulating emotions, forming a personal narrative of growth, or exploring new possibilities — all of which are components of post-traumatic growth (Tedeschi & Calhoun, 1995). Post-traumatic growth refers to positive personality and life changes that can occur following a struggle with life-altering, traumatic events. Tedeschi & Calhoun (1995) describe the process as breaking assumptions about the world and forcing reconfiguration of individual goals and beliefs.

However, in a recent review by Harmon & Venta (2021), literature on the occurrence of post-traumatic growth in youth is limited. Researchers have indicated that adolescents and young adults have not yet developed mature coping skills or abstract reasoning. Moreover, they have less autonomy and are still undergoing the process of identity formation which may interfere with psychological growth. It can be argued that youth experiencing homelessness have been forced to develop greater autonomy and independence at an earlier age, forcing them into early psychological growth (Schmitz & Tyler, 2016). This forced early psychological growth may make them more likely than their peers in the general population to experience post-traumatic growth.

Protective resources: Life Skills and Social Support

At baseline, having more life skills was a significant variable that was related to higher levels of resilience. Youth entering homelessness are forced into adulthood much earlier than their non-homeless counterparts, forcing them to learn survival and independence strategies at a very early age, compounded by the stressors of homelessness. Given this finding, interventions should target building life skills such as money management, engagement with work and school, and daily living and self-care abilities (Morton et al., 2019). Life skills interventions have been found to have a positive influence on youth mental health (Sherif et al., 2023) and resilience (Shreehari et al., 2013).

In their larger systematic review on life skills interventions for youth addressing depression, anxiety, and stress, Sherif and colleagues (2023) found that programs taking an active learning approach grounded in stress-coping theory, social cognitive theory, and self-determination theory were the most beneficial. Moreover, life skills programs support positive mental health and help youth learn essential skills to overcome challenges. Successful programs have the potential to strengthen coping mechanisms, develop self-confidence, and foster empathy, all critical elements for developing resilience.

Life skills interventions have the potential to provide long-term benefits across multiple domains, such as mental health, education, employment, social relationships, and overall quality of life (Sherif et al., 2023; Tuttle et al., 2006). One intervention that has shown positive implications for developing life skills in high-risk youth is the Positive Adolescent Life Skills Training Curriculum (Tuttle et al., 2006). This intervention focuses on basic communication, social network skills, problem-solving, and handling criticism. Youth who participated in this

program reported learning concrete skills such as communication skills, social skills, and resilience.

Similarly to the Positive Adolescent Life Skills Training, HF4Y outlines several strategies to develop life skills in youth, including goal setting, providing opportunities for growth in education and work, and supporting youth in navigating various systems and services (Gaetz et al., 2021). Opportunities to develop life skills should be a central focus early in the intervention to develop long-term resilience.

Among protective resources, greater social support was a significant predictor of higher levels of resilience at 24 months. No specific sources of social support (e.g., friends, family, significant other) was found to be more influential than the other. The finding that greater social support is predictive of higher levels of resilience is consistent with the literature on various outcomes for youth experiencing homelessness. Having access to social support has been identified as contributing to mental health recovery (Gasior et al., 2018; Manoni-Millar et al., 2023), reducing suicide risk (Fulginiti et al., 2022), decreasing risk-taking behaviour (Owens et al., 2020), and facilitating transitions to stable housing (Mayock, O'Sullivan, et al., 2011). To enhance the support network for youth, Borato and colleagues (2020) introduced the Family and Natural Supports (FNS) framework, which aims to strengthen relationships between youth, their families, and other natural supports to prevent homelessness.

In the FNS intervention, youth engage in activities designed to strengthen their relationships, including identifying support networks, setting goals, participating in mediation and counselling, and accessing resources to stabilize their lives (e.g., housing, education, employment, and mental health) (Borato et al., 2020). While not undermining the benefits of emergency services, FNS shifts the focus to emphasizing family and community connections.

FNS centers youth in the intervention, allowing them to determine who their family is, make decisions, and focus on developing supportive relationships and emotional growth. The framework is tailored to the unique needs of each youth and family. The FNS framework is one method that emphasizes the critical role of relationships in preventing and exiting homelessness. This approach advocates for a systemic shift towards prevention and early intervention by increasing social support.

It is pivotal that early interventions take a well-rounded approach, in order to support the development of life skills and access to social support that can foster improvements in mental health functioning and resilience, (Gasior et al., 2018; Luthar & Cicchetti, 2000; Sherif et al., 2023). Without improving life skills and facilitating greater social support for youth, we can predict that it will be difficult for youth to develop higher resilience and overcome the gravity of their situation early in their experiences of homelessness or housing instability.

Limitations and Future Directions

The study addressed a gap in the literature on youth experiencing homelessness and the need to understand how we can support the development of resilience. Youth experiencing homelessness need to be credited for their ability to problem solve and adapt to their situation. This study shows areas where we can support youth to help them positively adapt and overcome their situation.

The current analyses are limited in several ways. Among the limitations were attrition and missing data. Participant attrition was to be expected within a longitudinal analysis, especially considering that the participant base was youth who were unstably housed and experiencing homelessness. Youth were transient in nature, and following up with youth at several time points was difficult. This was further impacted by the experiences of the COVID-19

pandemic, where the nature of service delivery and communication with youth changed from in-person to virtual. At the baseline of this study, 148 youth participated. Participants were excluded (n= 26) if they did not participate in both the 12-month and 24-month interviews. Missing data for youth who were missing one-time point was addressed using multiple imputation, an effective method for estimating most accurately to a full data set (Zhu, 2014).

Limitations notwithstanding, our study identified significant predictors of resilience for a sample of youth experiencing homelessness. As mentioned, interventions such as Positive Adolescent Life Skills Training and FNS can be integrated into service provision to support youth in overcoming barriers and hardship more holistically. Future research should focus on the relationship between resilience and achievement of housing stability for these youth.

Conclusion

It is clear that developing resilience is imperative and holds significant benefits. A holistic approach that combines looking at risk factors while strengthening protective resources helps youth transition toward stability and independence. By promoting resilience behaviour, we are able to support youth transition into more stable living, including but not limited to housing, education, and employment.

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From Coping to Resilience: How Youth with Lived Experience of Homelessness Cope with Stressful Experiences

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Abstract

Homelessness presents numerous challenges for youth, including physical health issues, mental health problems, substance use, victimization, legal issues, and dropping out of school. Despite these challenges, youth display significant resilience. Using data from a randomized controlled trial on Housing First for Youth, this study examines qualitative narratives delving into the process of resilience (i.e., stressors, coping, and positive adaptation) among 21 youth over one year. Stressors varied among participants, with childhood abuse and instability being the most prominent. Coping mechanisms included creating barriers with unhealthy relationships, rebuilding relationships, and reframing their circumstances. The findings provide an exploration of the resilience process for youth experiencing homelessness, emphasizing the importance of understanding how youth respond to stressors and adapt to their environment. Additionally, this study highlights the significance of community and relationship-based coping strategies alongside individual approaches, thus displaying the pivotal role of community support in fostering resilience among homeless youth.

Keywords: resilience, coping, youth homelessness, housing first for youth

From Coping to Resilience: How Youth with Lived Experience of Homelessness Cope with Stressful Experiences

Everyone who was homeless [had] either family issues, job issues, or money issues. But at the end of the day, there's always a story behind it and every story's different.

(Cisgender girl, 17 years old at baseline)

Introduction

The period of youth and young adulthood, spanning from 15 to 24 years old, is a crucial and challenging stage of development. During this time, support is needed to acquire the essential skills for transitioning into adulthood (Wood et al. 2017). However, not all youth receive the necessary assistance, especially those who are homeless or at risk of homelessness (Wayne Osgood et al. 2010). Homelessness is associated with a range of issues for these young people, including physical health problems (Bender et al. 2018; Chelvakumar et al. 2017), mental health challenges (Kidd et al. 2021), substance use (Dawson-Rose et al. 2020; Smith et al. 2017), the risk of becoming victims of crime (Tyler and Schmitz 2018), involvement in the criminal justice system (Wolff and Baglivio 2017), and experiencing school dropout (Gaetz et al. 2016).

Moreover, the negative consequences of homelessness for many youth are supplemented by the lasting effects of adverse childhood experiences (ACE) that can include physical, sexual, and/or emotional abuse, parental substance abuse, and parental incarceration which have been associated with a range of health and social difficulties in adulthood (Felitti et al. 1998). ACEs have been found to be highly prevalent amongst this population (Bender et al. 2015). Despite the well-documented difficulties associated with homelessness and unstable living conditions among

this population, researchers acknowledge the inherent capabilities and resilience that youth possess to overcome the challenges and adversities linked to these experiences (Greenfield et al. 2021; Miller and Bowen 2020; Shankar et al. 2019; Thompson et al. 2016; Toolis and Hammack 2015).

Resilience and Coping

Resilience has become increasingly popular in scholarship and practice, yet the definitions remain complex and multifaceted (McCleary and Figley 2017; Stainton et al. 2019). It is wellaccepted that resilience holds two key dimensions: experiencing significant adversity and responding with positive adaptation (Masten 2001; Stainton et al. 2019). In line with the definition proposed by Masten (2001), good outcomes despite serious threats to adaptation or development, we define resilience as a dynamic process and focus on the progression youth display from stressors to coping to resilience, with facets of resilience including resourcefulness, strength in character, flexibility, and ego resilience (Fletcher and Sarkar 2013).

How people cope with stress may be an important element in the process of becoming resilient (Leipold and Greve 2009). We define coping using the transactional theory of coping which posits that a person's capacity to cope with challenges is a result of the dynamic interactions between the individual and their environment (Lazarus and Folkman 1984). Types of coping that we will focus on are problem-, emotion-, and relationship-focused coping (Lazarus and Folkman 1984; O'Brien and DeLongis 1996).

As defined by Lazarus and Folkman (1984), problem-focused coping strategies encompass handling a situation or stressor head-on and are geared toward changing the situation. Emotion-focused coping strategies aim to manage negative emotions and regulate feelings and emotional responses to a problem. Researchers O'Brien and DeLongis (1996) define

relationship-focused coping as managing, regulating, or preserving relationships. Relationship-focused coping emphasizes protecting or rebuilding social relationships when stressors occur, particularly in relational contexts.

Resilience Among Youth Experiencing Homelessness

The population of youth experiencing homelessness has been identified as highly resilient despite high levels of victimization and adversity because of their resourcefulness, ability to stand up for themselves, and survival skills (e.g., making money, finding a place to stay, finding food; Greenfield et al. 2021; Kolar, Erickson, and Stewart 2012; Roebuck and Roebuck 2016; Shankar et al. 2019; Thompson et al. 2016). Thompson and colleagues (2016) propose that experiencing adversity can contribute to the development of resilience, as youth develop effective coping strategies in response to this adversity that leads to positive adaptation.

In their recent systematic review, Cronley and Evans (2017) investigated the factors contributing to both risk and resilience among young people who are homeless. Their goal was to deepen our understanding of how resilience manifests in this population, with implications for future research, policy, and practical interventions. Through their review, Cronley and Evans (2017) delved into empirical findings on resilience in homeless youth, underscoring the importance of understanding how these individuals navigate extremely challenging circumstances.

One key finding from the studies they examined was the recurring theme of reliance on social networks as a protective factor (Cronley and Evans, 2017). When traditional support systems, like family, are absent, youth may turn to behaviors often seen as deviant, such as theft or drug selling. In these situations, they often depend heavily on friendships and relationships formed on the streets to meet their basic needs. These findings are consistent with work by

Masten, Monn, and Supkoff (2011) who discuss the various factors linked to resilience. Masten and colleagues (2011) suggest that human and social capital are necessary to support the development of resilience in children and youth. On one hand, human capital encompasses the individual skills and productive knowledge that one has (Xu et al., 2022). For example, problem-solving is found to be critical in the development of resilience. On the other hand, social capital are the connections in the community (e.g., supportive parents, friendships, and community services) the extended resources or support to an individual.

Coping with adverse environments

Given the findings from Cronley and Evans (2017), exploring how youth cope with their past and present environment and stressors and how this relates to resilience is critical. This may take the form of building social networks, rebuilding natural supports, becoming self-reliant, and building protective behaviors.

Many youth experiencing or at risk of homelessness rely on social networks for housing, dayto-day survival, and emotional support (Fulginiti et al. 2022; Joly and Connolly 2019; Kidd and Shahar 2008; Miller and Bowen 2020; Nuñez et al., 2021). Experiences of homelessness and housing instability may have a substantial impact on their relationships and natural supports (e.g., family); therefore, they must build a diverse social network. These relationships can play an essential role in fostering recovery and growth, increasing well-being and social emotional development, and promoting resilience and social integration (Kurtz et al. 2000; Massinga and Pecora 2004; Munson et al. 2017). Finding acceptance, social support, and collaboration with other youth experiencing homelessness helps them deal with stressors and the challenges they face (Joly and Connolly 2019; Kidd 2003; Stewart and Townley 2020).

In addition, researchers highlight that many youth who are experiencing or at risk of homelessness develop a sense of self-reliance and resist focusing on trauma or unstable situations by creating a dialogue of redemption from their past experiences that helps them regain a sense of power (Shelton et al. 2018; Thompson et al. 2016; Toolis and Hammack 2015). Identifying positive aspects of their lives, such as having freedom and autonomy, allows youth to find comfort in their present situation as homeless or unstably housed people.

The Current Study

There is growing attention to understanding youths' strengths and resilience. Researchers emphasize that youth experiencing homelessness are not passive to their experiences but display personal agency and offer intelligent and articulate explanations of their lives (Jackson 2021). The focus on how resilience protects against adverse outcomes of homelessness for youth has been gaining more attention in the literature (e.g., Grattan et al. 2022; Ungar et al. 2024); however, minimal studies have examined how youth develop resilience.

The present study uses interviews from a randomized controlled trial for Housing First for Youth (HF4Y), known as Making the Shift (MtS). The MtS demonstration project is a multi-site, 24-month trial conducted in two major Canadian Cities, Ottawa and Toronto (see Gaetz et al. 2023). MtS is a federally funded, mixed methods, randomized controlled trial (RCT) conducted by the Canadian Observatory on Homelessness through York University and A Way Home Canada. It started in 2017 and aimed to implement and evaluate HF4Y and compare it to youth receiving Treatment as Usual (TAU).

HF4Y is an adapted model of Housing First built on the preconceived understandings of the developmental, social, and legal needs of youth that are distinct from an adult population (Gaetz 2014; Gaetz et al., 2021). Youth were provided a housing subsidy for the duration of the

(four years; (Gaetz et al. 2023, 2021), with a range of housing options available, including private rentals, public housing where available, and transitional housing. There were no treatment preconditions, and participants were offered support services related to their housing, health and wellbeing, income and employment, education, and social inclusion. These support services included peer support.

Building on the core HF principles (see Tsemberis, 2015) and considerations of youth development, the HF4Y initiative clearly distinguishes core principles, goals, and outcomes. It is more ascribed to their developmental and social needs. The principles of Housing First for Youth (HF4Y) include (1) a right to housing with no preconditions, (2) youth choice and self-determination in their choice of housing and support, (3) positive youth development and wellness orientation that supports recovery, (4) individualized client-centered supports, and (5) social inclusion and community integration (Gaetz et al. 2021).

Building on the definition of resilience, our goal is to understand how youth who have experienced homelessness talk about stressful events and experiences, how they have coped with these experiences, and if they, in turn, display facets of perceived resilience. We will follow a social constructivist model of resilience (Ungar 2004), stressing the importance of recognizing agency, avoiding labeling behavior as unidimensional (e.g., failure, deviant behavior), and questioning normative assumptions.

The present study responded to three research questions: (1) What stressors related to homelessness do youth who are, have experienced, or have been at risk of homelessness face? (2) What coping behaviors do youth report using in response to these stressors related to their experiences of homelessness? (a) To what extent can coping behaviors be described as active coping, avoidant coping, or neutral? (b) Are there any coping strategies that remain consistent

over time? (3) To what extent do youth characterize or describe outcomes of their coping behaviors as resilient and adaptive? (a) Is there greater resilience described over time?

Methodology

Participants and Data Collection

Participants were recruited between February 2018 and March 2020 from social services for youth experiencing homelessness and associated sectors (e.g., child protection, youth mental health and addictions, enforcement and corrections, and education). All MtS participants were between the ages of 17 and 24 at the time of recruitment and were experiencing homelessness, including being at risk of homelessness or living in precarious housing. In the larger RCT, 148 participants were randomized to either the intervention group receiving HF4Y services (n = 73) or the control group receiving TAU services (n = 75). All participants provided informed consent, and the Office of Research Ethics at York University approved the study.

In the qualitative portion of the trial, a total of 43 youth ages 17 to 23 who have experienced homelessness in Ottawa (n = 22) and Toronto (n = 21) participated in semi-structured interviews at six months (T1) (See Appendix J), and 37 youth were interviewed at 18 months (T2; $n_{Ottawa} = 17$; $n_{Toronto} = 20$) (See Appendix K). Interviews were completed in person and over the phone and took on average 55 minutes to complete. The 21 youth who completed T1 and T2 interviews were included in this study ($n_{Ottawa} = 12$; $n_{Toronto} = 9$). Of the 21 participants, 11 received the HF4Y intervention, and 10 received TAU. Given that the interviews took place at six months in the trial, all participants in the Housing First condition had received services related to this intervention.

Purposeful sampling was used to have a diverse and representative group of voices. The sample was intended to be representative of priority populations identified in the National Youth

Homelessness Survey (Kidd et al. 2021), which indicated that roughly 30 percent of youth identify as having one or more marginalized identities, including LGBTQ2S+ (34 percent), indigenous (32 percent), or a member of racialized communities (28 percent). See Table 1 for participant demographics.

Table 1.

Demographic Characteristics of Participants

	N (%)
Site	
Ottawa	12 (57)
Toronto	9 (45)
Intervention	
Housing First for Youth	11 (52)
Treatment as Usual	10 (47)
Gender	
Girl	9 (45)
Boy	6 (28)
Transgender Boy	3 (14)
Transgender Girl	1 (4)
Non-Binary	2 (9)
Sexual Orientation	
Heterosexual	9 (42)
LGBTQ2S+	12 (57)
Culture and Ethnicity	
Caucasian (White)	8 (38)
Black	5 (23)
Middle Eastern	1 (4)
Indigenous	1 (4)
Mixed Race	6 (28)

Note: N= 21. Participants were, on average, 19.52 years old (*SD*= 1.78) at baseline.

Data Analysis

All interviews were transcribed verbatim and were analyzed in their entirety using NVivo 14. Two series of interviews completed one year apart with the same participants were analyzed in two phases following Saldaña's (2003) guide for longitudinal data analysis. Exploring

narratives discussing two-time points serves as time triangulation to support the observation of chronological change (Saldaña, 2003).

The data analysis used a deductive approach using a priori codes. In order to capture the resilience and adaptive change to youths' experiences of homelessness, the coding scheme was composed of three parts: (1) stressors (individual level, relational level, and environment and systems level; Bronfenbrenner 1979), (2) coping behaviors (problem-focused, emotion-focused, and relationship-focused; Lazarus and Folkman 1984; O'Brien and DeLongis 1996), and (3) resilience and adaptive change. Within each of the major coding themes of stressors and coping behaviors, we focused on ecological divisions (Bronfenbrenner 1979) of individual, relational (i.e., microsystem), and community (i.e., macrosystem) level factors. Furthermore, coping behaviors were coded as active (behaviors and strategies where an individual tries to actively manage the stressor; Gaudreau 2018), avoidant (trying to circumvent stressors rather than dealing with them; Suls and Fletcher 1985), or neutral.

Throughout the methodology described below, we aimed to ensure rigor in part to acknowledge the researchers' social placement and how our understandings may impact the research. The researchers on this project have extensive experience both in practice and research working with vulnerable populations and youth. Throughout the coding and analysis process, we used reflexive journaling and memoing to document and reduce researcher biases and stay true to participant narratives. The coders (SMM and AD) approached the data by attempting to set aside preconceived notions of what coping may be considered adaptive or maladaptive to a situation.

Phase I.

Phase i of the data analysis was completed using first and second-cycle coding of the analysis of baseline interviews (T1) guided by Miles et al. (2014). In the first cycle of coding,

transcripts were reviewed line-by-line. The lead author and AD coded the same interviews (n = 2) until their coding matched and reflected the coding scheme. When the coding was consistent, interviews were coded by a primary coder and reviewed by the second coder as a validity check to ensure completeness, consistency, and accuracy. Coders met to review any disagreements in the codes and came to a mutual decision of whether the code was or was not accurately representative.

In the second cycle of coding, participant summaries were developed to further bridge and group the data from the analytic matrix into categories (Miles et al. 2014). First, the lead author developed individual case summaries populated with the three coding categories: stressors, coping strategies, and perceived resilience. The case summaries were reviewed by AD. A cross-case matrix was developed, where cross-case summaries were written for the main categories: stressors, problem-focused coping, emotion-focused coping, relationship-focused coping, and traits of resilience: self-awareness, personal and emotional growth, finding purpose, tolerance affect, and sustained competence under stress. The cross-case summaries facilitated the reflection of dominant and divergent views across participants.

Phase II

For phase ii, we examined changes in stressors and coping after one year. The initial in vivo coding scheme was applied to the second set of interviews (T2). First and second cycle coding was completed as described in Phase I. Data were analyzed case by case (first cycle) and then across cases (second cycle). To explore themes within participants, individual participant summaries were completed on prevailing details of stressors, coping, and resilience factors from T1 and were compared with information from T2 to see any aspects of behavior change.

Results

The narratives from all of the youth provide an overview of the development and change of resilience over time (see Table 2). These youth have encountered homelessness (i.e., couch surfing, shelters, sleeping rough) and problematic family relations. At T1, common coping behaviors observed involved creating barriers, reflecting on their current experiences, and solving problems. At T2, they exhibit approaches such as rebuilding relationships, reframing their circumstances in a more positive light, and adjusting their mindset to better cope with challenges. They also heavily engaged with community services as a form of coping at both time points. These behaviors suggest that youth demonstrate positive adaptation and personal growth when dealing with stressful situations. This section will explore the process of resilience development, stressors, coping mechanisms, and positive adaptation for 19 youth and the differences over time.

Table 2.

Summary of Results Over One Year

Code	T1	T2
Stressors	The youth discussed personal, relational, and environmental level stressors. These primarily included home environment (n= 11), abuse (n= 15), and feelings of instability (n= 9).	Many youth discussed relational and community level stressors. Stressors were also primarily related to the COVID-19 pandemic including financial strain (n=9), minimal access to social supports (n=9), and social isolation (n=6).
Problem Focused Coping	A majority (n= 11) of youth demonstrate more avoidance of dealing with stressors rather than more direct problem solving. Two youth did not discuss any problem focused coping strategies.	Whereas some continue to demonstrate avoidance (n=4), at follow-up most described a shift towards active problem solving (n=19). A few participants (n= 2) demonstrated both avoidance and active problem solving depending on the stressor they were dealing with.
Emotion Focused Coping	Many youth discussed emotion focused coping in relation to acceptance of emotions (n=5) or avoidance of emotions (n= 7); however several youth did not discuss any emotion focused coping strategies (n= 5).	Overtime, more youth demonstrated a shift towards emotional focused coping (n=15) with emphasis on self-reflection. A few youth demonstrated avoidance when regulating emotions (n=3).

Relationship Focused Coping	Many youth demonstrated more avoidant coping with relationships. This is reflected with more building barriers with friends and family members (n= 10) and wanting to solve problems on their own (n= 6). A few youth (n= 4) did not discuss any relationship focused coping.	Many youth demonstrated a shift towards more active relationship focused coping. Youth demonstrated wanting to rebuild and create healthy boundaries with their relationships (n=8) and understood the importance of community (n=6). They were more active in accessing and seeking community support (n=13).
Resilience	A majority of the youth demonstrated resilience through independence and self-reliance (n= 12) and self-awareness (n=12). Three youth did not display any facets or behaviors indicating resilience.	Many youth showed a change in how resilience was demonstrated by an increased display of acceptance of community support (n=10) and positive adaptation and learning how to handle their stress on their own (n=16). Only one youth did not display any facets or behaviours indicating resilience.
Self-Awareness	Many youth demonstrated insightful reflection of experiences and their impacts (n=11). Several youth did not display self-awareness on their situation or were pessimistic that their situation would ever get better (n=6).	At follow-up many youth continued to display insightful reflection on their experiences and reframing what they have learned (n=10) and began prioritizing themselves (n=9).
Personal and Emotional Growth	While some youth did not discuss or display personal and emotional growth (n=7), other demonstrated this through control over their physical or mental health and changing unhealthy behaviours (n=8).	At follow-up a majority the youth demonstrated a shift towards more active problem solving (n=13) and some demonstrated an optimistic mindset by rebuilding relationships (n=8) and discovering their own confidence and ability to take care of themselves (n=9).

Finding Purpose	While some youth did not display or discuss finding purpose (n=8), a few youth discussed wanting to improve their situation (n=5) and give back to others and their community (n=7).	While some youth continued to not discuss or display finding purpose (n=8), others demonstrated a shift towards wanting to pursue meaningful goals (n=10) and finding happiness (n=5).
Tolerance Affect	A majority of the youth did not discuss or display tolerance affect (n=12), however some youth talked about the importance of going with the flow and not getting knocked down by life stressors (n=6).	A majority of the youth did not discuss or display tolerance affect (n=16). However, some youth continues to talk about managing emotions (n=5) by being more critical of their situation, more positive, and more patient with themselves.
Sustained Competence Under Stress	A majority of the youth did not display or discuss sustained competence under stress (n=15), however four youth discussed this in the sense that they believe they can always get through adverse situations.	A majority of the youth did not display or discuss sustained competence under stress (n=14), however seven youth discussed this in terms of having more time to take care of themselves, having more patience, and remaining more positive.

Identified Stressors Over One Year

The stressors described by youth at both time points were related to feelings of uncertainty in different parts of their lives. At T1, the main stressors that the youth described were related to home of origin, including home environment, abuse, and feelings of displacement. In contrast, at T2, stressors of the COVID-19 pandemic pertaining to finances, isolation, lack of support, and difficulty accessing support services took precedence (see Table 2).

Stressors at Time One

"I Always have [a] fear of going home": Family Context and Abuse. The majority of the youth described abuse in the home as one of the most prominent stressors that they experienced. As one youth stated, "I grew up in an abusive home. Physical, emotional, sexual, all of the above." (Cisgender girl, T1, 20 years old at baseline) This quote describes the compounded experiences of abuse spanning from emotional, physical, and sexual abuse, and child neglect, with almost all youth indicating experiencing more than one type of abuse.

Abuse was most often reported occurring in early childhood, and youth described it as a complex experience for them to understand. Moreover, growing up, they recognized that these experiences are not what children should deal with at this age.

> "I was still very young. So, a lot of these concepts that I was seeing didn't make any sense to me because I was only, like, five or four […] So, when I see domestic abuse and, like, alcohol abuse and stuff like that, it's not fear I'm feeling; it's curiosity […] and I shouldn't have been introduced to at that age." (Cisman, T1, 18 years old at baseline)

Abuse remained an experience until they chose to or were forced to leave home. Abuse and neglect in the home are critical experiences and have a lasting impact on youth as they experience and try to exit homelessness.

"I feel like it just effects your whole life": Feelings of Instability. Youth experienced instability early on, moving between shelters, transitional housing, and foster care. Despite the varied places they found shelter, the consistent theme was displacement and uncertainty, impacting their overall lives. This instability greatly affected their mental health, creating uncertainty about basic needs like food, shelter, and education or employment. One youth described the challenge: "[the] biggest struggle about being unhoused is not knowing how much money you are going to have or where your food is going to come from." (Cisgender male, T1, 18 years old) Overall, the sense of displacement left the youth with a "[f]eeling that they are always one step behind, in relationships and school, the feeling of starting over at each new housing." (Cisgender girl, T1, 18 years old at baseline)

Stressors at Time Two

One year after the initial interviews, the youth in this sample found themselves confronting the stressful and distressing challenges brought about by the COVID-19 pandemic. The change in stressors from T1 was related to an unpredictable external event rather than the housing intervention. One youth compared the stress of the pandemic to their experience of homelessness and stated: "Personally, even compared to homelessness, I feel like this whole world pandemic is like, it's like the worst thing that's ever happened to me, or like the world actually." (Cisgender boy, T2, 18 years old at baseline) As the youth described, the pandemic "made everything a hundred times worse." (Cisgender girl, T2, 19 years old at baseline). They faced accumulating stressors, including losing their job, difficulty getting in contact and seeing

their service workers, delaying legal and medical matters or appointments, and, like many, the uncertainty of when the pandemic would end. Of the aforementioned stressors, the financial strain and stress of relationships and isolation were most prominently discussed.

"But you don't have any money for yourself": Financial Strain of the Pandemic. Under the context of the COVID-19 pandemic, many youth discussed losing their employment due to closures and having a significant impact on their financial situation. Youth discussed not having enough money for their basic needs, but what was more emphasized was not being able to have funds to cover unexpected expenses. Moreover, youth felt they had lost their learned skills and behaviours in budgeting and being responsible with money.

"It's still kind of lonely, and that's hard": Relationships and Social Isolation. In addition to the financial strain, the majority of the youth touched on lost social and community connections and how "the sense of community right now with this pandemic is pretty shit [and] it's hard to focus on how [things] felt before [it] started." (Transgender boy, T2, 18 years old at baseline) Some youth coped with what they described as toxic environments by cutting out relationships with people who reminded them of the behaviours they were trying to stop, such as drugs and violence. In a time of isolation, this left them with little to no social support and relationships that they could lean on and no environment to build new relationships:

> "I ended up having to really let go of a lot of friendships for some other personal reasons. But because of having to let go of all those friends and it being Covid, I basically lost a bunch of relationships. And then didn't really have adequate support." (Transgender boy, T2, 21 years old at baseline)

Youth Coping Behaviours Over One Year

Youth demonstrated coping behaviours in various forms, including problem-focused, emotion-focused, and relationship-focused, in both active and avoidant forms (See table 2). Although similarities exist between the two time points, there are also notable differences in how youth construct barriers and rebuild relationships, rely on and engage with their community, reflect on and reframe their situation, and approach problem-solving and mindset adaptation.

"I kind of don't want to be lonely": Barrier Building and Rebuilding Relationships

Across both time points, youth were proactive about how they responded to their relationships with family and friends, displaying problem-focused, emotion-focused, and relationship-focused coping strategies.

At T1, the way youth coped with relationships was divided between active and avoidant coping. Some expressed a reluctance to seek support from their relationships, preferring self-reliance over asking for help. They articulated a lack of trust stemming from past experiences, leading them to distance themselves from relationships as a form of coping. Many voiced a preference for resolving issues independently, citing a belief that they could only depend on themselves for support. For instance, one participant remarked, "I feel like right now I just want to be left alone kind of because I'm at the point where I don't really trust anybody. I just don't want to be hurt or nothing" (Cisgender girl, T1, 17 years old at baseline). This highlights the inclination towards self-sufficiency and a hesitancy to engage with others due to past relational experiences.

At T2, the youth demonstrated many instances of active relationship-focused coping. The majority of the youth recognize that there is some level of importance in reconnection and revisiting relationships. In contrast the behaviour of cutting off relationships, youth shifted to

revisiting and reopening doors to many relationships, including familial ones. It was also common for young people to try to put themselves in others' shoes and try to understand where others were coming from: “With my mom, I feel like I understand her more. I feel like [I] understand where she comes from now. When I was younger, I used to think oh, my mom’s always wrong or whatever.” (Cisgender girl, T2, 18 years old at baseline) Overall, most youth talk about how they want a better relationship with their family.

“It was a lot of outside help”: Reliance and Engagement with their Community

At T1 a few youth discussed the importance of community support. Those youth who talked about community support at T1 highlighted that they would not have been able to overcome many challenges (e.g., finding housing and dealing with family tension) without the support they received from community workers. Said one: “It was a lot of outside help. I don’t think I would have been able to deal with any of that on my own.” (Cisgender girl, T1, 20 years old at baseline) Many youth who talked about community support at T1 highlighted that this was the support that complemented what they could do on their own and gave them that extra sense of guidance.

At T2, almost all the youth talked about relying on and engaging with community support and recognizing that these services are there to help them. In comparison to T1, youth became more proactive about finding support when they are in need and recognized that this can be beneficial for them. Workers have also been critical in providing tangible support in helping youth with housing and dealing with landlords. Overall, at T2, youth are more open and engaged with the support that the community has to offer them. They seek and accept help versus trying to solve all their problems independently and not trusting people providing support.

"I push myself, but I don't break myself": Reflection and Reframing

At both time points, youth were very insightful in self-reflection of their experiences and actively coped by reframing how they could approach life stressors. Youth discussed instances of problem-focused and emotion-focused coping when changing how they would approach their situation. They expressed many sentiments about hope: "Just being able to live with the hope keeps you alive" (Cisgender girl, T1, 18 years old at baseline); freedom: "I feel like I'm more emancipated, so like my freedom is like more mine than it was ever so I feel better about myself and like my environment" (Cisgender man, T1, 18 years old at baseline); happiness: "Happiness is always there, it's just a matter of realizing that it never left, you know." (Cisman, T2, 18 years old at baseline); and independence: "Finally I don't need 24/7 support from workers" (Cisgender girl, T2, 21 years old at baseline). Most prominent are the reflections on happiness and reframing of their future.

Almost all the youth discuss the importance of finding moments of happiness by doing activities that may uplift their mood. For example, at T1, one youth shares that they "try to do something that sparks some sort of joy. […] Give myself a little bit of distance from what's ever happening, and when I'm in a bit of a better space, then I can… deal with the issue." (Cisgender girl, T1, 20 years old at baseline) Some youth used examples of playing an instrument, listening to music, going on a walk or run, or going outside. At T2, this sentiment remained amongst a majority of the youth. Moreover, they reflect on and discuss the importance of looking at the future as an opportunity for change. This is a feeling that remained persistent over time. It is clear that the youth want an opportunity for change and to better their situation, and they are finding opportunities to do this. They talk about change with a desire for stability, independence, and freedom.

"When I can't find a solution to it, I just give up": Problem Solving and Mindset

Problem-focused coping emerged as a prevalent theme among youth, notably showcasing a shift in problem avoidance to active problem solving and mindset adjustment. At T1, the youth discussed problem-solving in a more avoidant or neutral form alongside emotion-focused coping. Many youth adopted a more avoidant approach and harboured a pessimistic mindset. As one shares: "I often don't see myself solving situations I'm in. I know I do, but I don't see it that way. It just kind of happens." (Transgender boy, T1, 18 years old at baseline) Many other youth share that they choose to bottle up emotions or avoid the situations they are in. Another youth shares that they "don't really deal with stuff, [they] just let it go" (Cisgender girl, T1, 18 years old at baseline). At T2, this is not as often discussed. Aligned with problem-solving, there is a noticeable shift in the mindset of youth regarding their ability to overcome challenges. Youth at T2 were more likely to take the time to consider their situation and try to find the source of the problem and a way to solve it: "I want to sit down and think about it first. You know, how that's gonna affect me. What did I do wrong? How can I make this better?" (Cisgender boy, T2, 18 years old at baseline).

Resilience Among Youth Over One Year

The youth demonstrated immense strength and positive adaptation based on the stressors and coping mechanisms they used. They displayed elements of resilience such as independence, accessing community support, personal growth, and positive adaptation with an increased presence of perceived and demonstrated resilience at timepoint two (See breakdown in Table 2).

"It's going to start with you": Independence

Almost all participants discussed independence and self-reliance as a form of positive adaptation and resilience at T1. Youth attributed change to having to be independent as one says,

"It's got to start with you, though, always. No one can change – for you to change, it's only up to you." (Cisgender boy, T1, 18 years old at baseline) With all the stressors they have dealt with and overcome, many feel that protecting their well-being and having freedom is the best way to adapt to their situation: "Yeah, my serenity and peace, that's one thing, like, I valued since I was younger, to never throw away for anybody." (Cisgender boy, T1, 18 years old at baseline) This sense of independence remained prominent at T2, where youth expressed that they felt most happy when they could support themselves: "Whenever I was the most happy was whenever I was, like, there for myself […] I didn't put myself down, I was always - like, I had a good mindset. That's the most important thing." (Cisgender girl, T2, 18 years old at baseline)

"Through community we achieve purpose": Community Support

Having a network of people who they could trust, whether family, friends, or service providers, and embracing community support was a source of resilience for almost all participants. Many youth shared that having people who believed in them acted as a source of motivation: "[T]hey're still here supporting me, even though like I went homeless, I had mental issues, […] just knowing that someone believes in me, just knowing that I have family, yeah, it motivates me a lot." (Cisgender boy, T2, 18 years old at baseline) Many youth believe that they would not have been able to overcome their challenges without the support from their social workers and community.

"I didn't like where my life was going": Personal Growth and Positive Adaptation

Many youth across both time points discussed the desire to change their lives and make changes to sustain themselves positively. While at T1, the willingness to change was prominently discussed, actionable change and differences were seen in T2. At T1, the majority of youth mention that they "didn't like where [their] life was going, so [they] wanted to make

something out of it." (Cisgender girl, T1, 18 years old at baseline). For example, one youth discussed that selling drugs was not the path that they wanted for themselves:

> "I was on the streets selling drugs cause I had no choice. I was selling weed on the street 'cause I had no choice. I didn't have like I didn't know where to get a job. The only like option I had to make money was selling drugs. Then I got stopped and I was like oh no no, no I can't do this anymore. I have to change." (Cisgender boy, T1, 21 years old at baseline)

Positive adaptation and change were more prominent one year from the first interview. Many youth discuss having a turning point over the last year that was critical in them changing their mindset and making actionable changes to improve their situation: "I'm just trying to improve myself. I can't, like, recall exactly, like, what has happened over the last year. But, like, it's just been me trying to improve myself." (Cisgender girl, T2, 18 years old at baseline) While many youth were working towards making positive change, other youth took time to recognize how far they have come and the changes they have been able to make for themselves: "I guess the best moment for me was actually pretty recent when I realized that supporting myself is possible." (Cisgender girl, T2, 20 years old at baseline) Youth in this study also emphasize being open to new experiences that bring them joy. At T2, almost all participants emphasize the desire to be happy and do things that bring them happiness. Happiness became a prominent part of positive adaptation that was not often seen in T1.

Discussion

Developing resilience, by adapting to and overcoming the stressors they face, enables youth and young adults to see a new beginning and brighter future for themselves. A large volume of research has been conducted on the process of resilience, including stress, coping, and

adjustment (Kolar et al., 2012; Lazarus & Folkman, 1984; Roebuck & Roebuck, 2016; Ungar et al., 2008). However, minimal research has been done on the coping process implemented by youth experiencing homelessness. This study adds to the growing literature on resilience and coping among youth experiencing homelessness, offering insight on how we can best support this uniquely vulnerable population.

Participants' descriptions of personal stressors were thoughtful and demonstrated immense reflection on their situation. The stressors stemmed from various individual, relational, and community factors. Participants described both external or environmental and internal or personal stressors, with personal stressors being more present at T1. This aligns with previous research, such as Tyler & Schmitz (2018), who found that individuals experiencing homelessness tended to emphasize immediate personal stressors more when their situation was new. Our study participants exhibited concerns ranging from pre-existing life challenges to the struggles of meeting basic needs like food and shelter. At the follow-up assessment (T2), conducted one year later, participants faced additional stressors exacerbated by the COVID-19 pandemic. These included financial strain, job loss, relationship difficulties, and feelings of loneliness, which aligns with previously documented stressors during the COVID-19 pandemic amongst this population (Rew et al., 2021; Silliman & Bosk, 2020)

The research findings expand upon prior limited studies examining how young people experiencing homelessness manage their challenges and stressors. Current research primarily focuses on individual-level coping strategies, such as using substances like drugs and alcohol, solitary reflection, and engaging in hobbies like music, writing, and reading (Kidd, 2003; Thompson et al., 2016). However, there has been little exploration of community-based problem-solving coping strategies, such as spending time with friends (Kidd, 2003), and seeking support

from others who share similar life experiences (Matulič-Domadzič et al., 2020). In our study, while we observed individual coping strategies like reflection, reframing experiences, and problem-solving, participants emphasized the vital role of community and relationships in coping. The youth in our sample stressed the importance of establishing healthy boundaries in relationships to avoid further trauma, rebuilding connections with family members, and accessing community support.

While resilience among youth experiencing homelessness is a growing topic in scholarly literature (Cleverley & Kidd, 2011; Cronley & Evans, 2017; Grattan et al., 2022), the personal displays of resilience are not widely covered. This study expands the literature on resilience amongst youth experiencing homelessness and offers evidence for the multisystem model of resilience presented by Liu and colleagues (2020). The multisystem model of resilience represents an evolving capacity to respond to challenges and trauma over time, highlighting internal and external resilience. Internal resilience refers to an individual's ability to adapt and address their needs by leveraging their available resources. This encompasses coping skills, pursuits, and goal-setting strategies that empower individuals to navigate challenges effectively. External resilience encompasses socio-ecological factors such as access to healthcare and support services, which further bolster an individual's resilience. While youth demonstrated significant internal resilience, they also displayed strong external resilient behaviours by acknowledging if and when they needed support from their community.

Coping and resilience are notably interconnected. Only a small number of youth in this sample demonstrated this lack of coping behaviour at T1. Often, the youth who lacked coping behaviour discussed that their situation could not be improved and that nothing was going to

change; there was a strong sense of hopelessness. Moreover, it is well documented that high levels of coping are linked with better adjustment (Dalton & Pakenham, 2002).

Given this, service providers should consider integrating programs that support learning and developing coping behaviours. This has the potential to support an increased development of resilience, allowing youth to adapt positively in the face of adversity and providing them with more resources to handle their situations. One program that can be implemented is a cognitive behaviour therapy (CBT) based approach using the coping intervention course (CIC; Clarke et al., 1999). The CIC is an eight-week class which teaches adolescents social skills, relaxation techniques, cognitive restructuring, communication, and problem-solving. While this is a structured class, there are modified versions of the course designed for incarcerated youth, which shortens the sessions, reduces the amount and complexity of homework, and implements a points system for reinforcing behaviour (Rohde et al., 2004). This course has been found to have positive effects on adolescents with depression and incarcerated adolescents.

Recent research suggests that social-contextual factors play a crucial role in promoting community integration and fostering resilience among youth (Grattan et al., 2022; Manoni-Millar et al., 2023; Stewart & Townley, 2020). Stewart & Townley (2020) emphasize the significance of factors such as the sense of community, social support, and empowerment in enhancing individual well-being. Consistent with findings in this study, Stewart & Thompson (2020) found that social support was significantly related to well-being, showing that developing peer friendships is important to youth as friends may be a primary source of support, especially if youth are disconnected from family. Peer support programs are one intervention that could support the development and ties with the community while leveraging benefits from shared experiences. Having support from others with similar experiences can be invaluable for youth

who may feel ostracized (Kidd et al., 2019; Stewart & Townley, 2020). This may also support youth in learning how to cope with stressors from people who may have overcome similar challenges.

Limitations and Future Directions

Though offering many strengths and critical findings, this study is not without limitations. This study had a small sample size given that it excluded participants who only completed interviews at one time point. It took a novel approach to analyzing youth's experiences qualitatively from a longitudinal perspective. Minimal qualitative studies use a longitudinal format. This study added value as it offered an understanding of change over time and how youth adapt to their environment and experiences. Even though not explicitly asked about the pandemic, the time two findings can be linked to the COVID-19 pandemic, an unpredicted external event when planning the randomized controlled trial. While analyzing the data case by case and cross-case, we did not gain an in-depth understanding of each case. It would be interesting to examine the sample of youth more intimately, looking at case studies on their resilience process and how this changed over time.

LGBTQ2S+ and racial minorities make up a disproportionate number of the homeless youth population in North America (Henry et al., 2021; Kidd et al., 2021). The 2019 National Youth Homelessness Survey (NYHS; Kidd et al., 2021) identified 17 percent of youth as transgender, non-binary, two-spirit, or a gender other than cisgender boy or girl. In terms of racial minorities, 28 percent identified as being part of a racialized community (i.e., all people that are non-Caucasian in race or non-white in colour, excluding indigenous; Kidd et al., 2021). Though it did not fit the scope of this paper, there was some mention of identity as a stressor among LGBTQ2S+ and racial minority youth. Youth discussed the discrimination that triggered

or impacted their experiences of homelessness or inhibited obtaining housing. More specifically, some youth left home or were kicked out of their home due to their transgender or queer identity. Future research should focus on minority populations and see if they demonstrate distinct forms of coping and resilience.

Resilience is a critical process for youth experiencing homelessness to develop as it will support overcoming past traumas and daily stressors. The results of this study have several implications for service providers. It is suspected that programs and services aimed at coping and community integration will positively impact youth in developing increased resilience. As aforementioned, interventions could include the coping intervention course and peer support programs, which will foster a sense of empowerment, sense of belonging, and problem-solving; found to be critical in developing and displaying resilience in this population.

Conclusion

The development of resilience is a transformative process for youth facing significant adversity, enabling them to adapt and envision brighter futures. Youth experiencing homelessness demonstrate an ability to persevere and cope with the immense challenges that they are facing and that continue to impact them. This study represents an early exploration into the resilience process of youth experiencing homelessness, emphasizing the need to understand how they integrate and respond to stressors. The findings highlight the importance of community-based resources alongside individual approaches to coping. While existing literature primarily emphasizes individual coping behaviours, this study underscores the vital role of community support and relationships in resilience-building among homeless youth. It underscores the significance of external resilience factors, such as access to support services and healthcare, complementing individual-level coping behaviours.

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Examining Risk Factors and Protective Resources as Predictors of Housing Stability for Youth Who Are Homeless or at Risk of Homelessness

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Abstract

Background: Youth experiencing homelessness face challenges, including a history of adverse childhood experiences (ACEs), psychological distress, and substance use, which may impact housing stability. This study examines the role of protective resources (e.g., social support, resilience, psychological integration, life skills) in buffering the effects of risk factors on housing stability for youth who are homeless or at risk of becoming homeless. **Participants and Setting:** Data was used from the Making the Shift (MtS) demonstration project, a randomized controlled trial of Housing First for Youth (HF4Y). The study sample involved 132 youth aged 17–24 years old from Ottawa and Toronto. **Methods:** Risk factors (ACEs, psychological distress, substance use) and protective resources were measured at baseline, 12, and 24 months. Housing stability was measured at 12 and 24 months. Hierarchical multiple regression and logistic regression analyses tested risk factors and protective resources as predictors housing stability and protective resources as moderators of risk factors relationship with housing stability. **Results:** Participants receiving HF4Y achieved greater housing stability at 12 and 24 months than youth receiving treatment as usual. Risk factors were not directly associated with housing stability. Protective resources played a critical role: psychological integration negatively predicted housing stability from baseline to 12 months, while social support positively predicted stability from 12 to 24 months. Social support moderated the relationship between ACEs and housing stability at 24 months, reducing the negative impact of ACEs. **Conclusions:** HF4Y enhances housing stability for youth, with social support mitigating ACE-related challenges. Strengthening community ties and peer networks is essential for successful transitions out of homelessness.

Keywords: Youth homelessness, housing stability, resilience, Housing First for Youth, social support, adverse childhood experiences.

Examining Risk Factors and Protective Resources as Predictors of Housing Stability for Youth Who Are Homeless or at Risk of Homelessness

Introduction

In Canada and the United States, approximately 20% of the homeless population comprises youth under 24 (Duchesne et al., 2019; Gaetz et al., 2016; Henry et al., 2021; Henry et al., 2020; Kidd et al., 2021). The word 'homeless' is frequently used to describe individuals without permanent housing, either staying in an emergency shelter, "sleeping rough" (i.e., living on the streets) or living temporarily with family, friends, or acquaintances. The widely endorsed definition of youth homelessness, as presented by the Canadian Observatory on Homelessness (2016), refers to the situations and experiences of individuals aged 13 to 24 who live without permanent shelter (e.g., living on the streets or couch surfing) and away from parents or caregivers, with these youth being twice as likely as homeless adults to find temporary accommodation or experience hidden homelessness, such as staying with friends or family without a permanent place to live (Curry et al., 2017; Morton et al., 2018). Additionally, it's worth noting that nearly 40% of homeless youth (in Canada) experience their first episode of homelessness before the age of 16, and those who leave home before this age are also at higher risk of experiencing multiple episodes of homelessness (Gaetz et al., 2016).

For youth whose homes do not provide safety and protection, escaping adverse environments and abuse can feel like a relief (Ferguson, 2009b; Radu, 2017). However, the experiences and complexities of homelessness can create or contribute to a variety of problems and consequences such as psychological problems (Kidd et al., 2021; Swahn et al., 2012), substance use problems (Dawson-Rose et al., 2020; Smith et al., 2017), risk of criminal victimization (Tyler & Schmitz, 2018), and involvement in the criminal justice system (Baron,

2017; Wolff & Baglivio, 2017). Prolonged experiences of homelessness may jeopardize their ability to develop the skills needed for independence, autonomy, and transition to adulthood (Gaetz et al., 2019).

While researchers have focused mainly on risk factors and pathways into homelessness, fewer studies have looked at the process of exiting the streets and remaining housed. Understanding this transitioning process is crucial to assist youth in achieving overall stability. Prolonged experiences of homelessness are a barrier to exiting homelessness and significantly impact youths' participation in school, in the workforce, and social groups (Gaetz et al., 2019). Reduced involvement in these activities jeopardizes their ability to develop the skills needed for independence, autonomy, and transition to adulthood. Taking into consideration the history of trauma and the high value of self-reliance developed on the street, Sample & Ferguson (2019) highlight youth's reluctance to reach out for help required to exit homelessness. Moreover, spending habits on the street made saving money to move towards exiting homelessness increasingly challenging (Sample & Ferguson, 2019).

Ecological Paradigm of Resilience

The current study is intended to explore risk factors and protective resources related to housing stability. We focused on protective resources and their potential to lower risk factors, including adverse childhood experiences, psychological distress, substance use, and crime and violence, which may pose keeping stable housing. Our model was based on the ecological paradigm of resilience. The ecological paradigm focuses on risk and protective factors where risk factors are understood to act as a barrier to adaptation, and protective resources are expected to support adaptation over and above the impact of risk factors (Fergus & Zimmerman, 2005; Fleming & Ledogar, 2008; Masten, 2015).

Risk factors may include individual mental health problems or mental health problems of family members, exposure to stressful life experiences (e.g., childhood abuse and maltreatment), and indicators of precarious life circumstances (e.g., low socioeconomic status). Protective resources support positive adaptation (e.g., social support, psychological integration, life skills). Protective resources may buffer, ameliorate, or protect an individual from the impact of potential risk factors (Masten, 2015). These factors may neutralize or weaken the impact of risk factors but will not remove them altogether.

Aims and Objective

The objective of the study is to investigate if protective resources buffer the relationship that risk factors may have on housing stability. The study explored three research questions: (1) Which, if any, risk factors relate to housing stability? (2) Which, if any, protective resources relate to housing stability? And (3) To what extent do protective factors moderate the relationship between risk factors and housing stability? Based on these questions, six hypotheses were tested:

1. The presence of increased risk factors, namely a greater number of adverse childhood experiences, a higher level of psychological distress, a higher level of substance use, and increased activity in crime and violence will be related to lower levels of housing stability. It is expected that this relationship will be present at 12 and 24 months.
2. The presence of increased protective resources, such as a higher level of social support, a higher level of life skills, psychological integration, and a perceived resilience, will be related to higher levels of housing stability. It is expected that this relationship will be present at 12 and 24 months.

3. The presence of resilience will moderate the association of risk factors with housing stability.
4. The presence of social support will moderate the association of risk factors with housing stability.
5. The presence of psychological integration will moderate the association of risk factors with housing stability.
6. The presence of life skills will moderate the association of risk factors with housing stability.

Methods

Participant recruitment

The present study used data from Making the Shift (MtS) demonstration project, a multi-side 24-month randomized controlled trial of Housing First for Youth (HF4Y). MtS is co-led by A Way Home Canada and the Canadian Observatory on Homelessness. The HF4Y trial was conducted in two unique Canadian Cities, Ottawa and Toronto. In Ottawa, youth were recruited while experiencing homelessness, whereas in Toronto, they were recruited upon aging out of care. The trial compared HF4Y with treatment as usual (i.e., the youth had access to all the community-based services regularly available in each city).

Participants were recruited from community service organizations, such as drop-in services and health clinics, in two Canadian cities: Ottawa and Toronto. The MtS study is made up of 148 youth who were [a] between the ages of 17 and 24, [b] live in Ottawa (n=86) or Toronto (n= 62), [c] are homeless or precariously housed (i.e., at-risk of homelessness) at the time of recruitment (Gaetz et al., 2023). Given the longitudinal nature of this study, there was attrition in the sample, and the sample size decreased by 20% between 12 and 24 months. Of the

148 participants recruited, at 12-months consists of 132 participants who completed structured quantitative interview battery at baseline and had between 9 and 12 months of housing data. At 24 months, participants had to have completed up to 12-months of the quantitative interview battery and 18 and 24 months of housing data (N=105). Participants were randomized into two groups: [1] Housing First (HF) and [2] Treatment as usual (TAU).

Measures

Demographic Characteristics

The Demographics, Housing, Vocational, and Service Use History Questionnaire (DHHS) was developed for the At Home/Chez Soi study and used to collect basic information about participants (Goering et al., 2011). This questionnaire has been adapted for a youth population, with additional questions on gender identity and sexual orientation, dichotomized data on gender (cisgender male [1]/everyone else [0]), sexual orientation (heterosexual [1]/LGBTQ2S+ [0]), race (white [1]/person of colour, including Indigenous [0]), city (Ottawa [1]/Toronto [0]), and intervention group (HF4Y [1]/TAU [0]) are used.

Risk Factors

This study examined several risk factors, including substance use, psychological distress, and adverse childhood experiences (ACE).

ACEs were examined on one timepoint, at six months, using a questionnaire that assesses if participants have experienced psychological, physical, and sexual abuse, as well as other forms of household dysfunction before age 18 (Felitti et al., 1998) (see Appendix C). The ACE Questionnaire had acceptable internal consistency for this sample ($\alpha = .78$). Because of its retrospective nature, the ACE was administered to participants only once at six months.

Psychological distress was assessed using the Brief Symptom Inventory (BSI) (Derogatis & Melisaratos, 1983), a 53-item measure to assess psychological distress and symptoms (see Appendix D). The BSI uses a five-point Likert scale ranging from 0 (not at all) to 4 (extremely). The BSI Questionnaire had excellent internal consistency for this sample good (α = .97; consistent across time points).

The Global Assessment of Individual Needs-Short Screener (GAIN-SS) (Titus et al., 2008) was used to assess the presence of substance use and involvement with crime and violence (see Appendix E). We computed a total score for the past month based on four items for substance use. The subscale displayed good internal reliability for this sample (baseline, α= .88; 12 months, α = .86; 24 months α = .83).

Protective Resources

The protective resources tested as moderators included social support, life skills, psychological integration (i.e., sense of belonging), and resilience.

Social support was measured using the Multidimensional Screener of Perceived Social Support (MSPSS) (Zimet et al., 1990), a brief tool that measures perceptions of support from family, friends, and significant others (see Appendix F). The tool has strong internal reliability (α= .91). Internal consistency of the MSPSS for this sample was excellent (baseline, α = .89; 12 months, α = .9; 24 months, α = .92).

The Youth Life Skills Assessment (YLSA) is a youth-centred tool based on the Ansel-Casey Life Skills Assessment (Morton et al., 2019) (see Appendix G). This assessment is designed to be as accessible as possible and free from gender, ethnic, and cultural biases (Court Appointed Special Awareness for Children [CASA], n.d.). Internal consistency of the YLSA for this sample was excellent (baseline, α = .92; 12 months, α = .94; 24 months, α =.95).

The Psychological Integration Measure has four items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) (see Appendix H). A total score is computed, ranging from 4 to 20, with higher scores indicating a greater sense of community. The measure underwent pre-testing and piloting to ensure the measure was relevant and applicable to a vulnerable population (Goering et al., 2011). In a sample of youth (18 to 24) experiencing or at risk of homelessness, the internal consistency of the scale was good (α = .71) (Manoni-Millar et al., 2023). The internal consistency of the measure for this sample was adequate (baseline: α = .64; 12-months: α = .6; 24-months: α = .54)

The Resilience Scale (RS-14), a 14-item self-report questionnaire, measured subjective resilience and the ability to recover from stressful experiences (Wagnild, 2009) (see Appendix I). The RS-14 was validated using data from a sample of adolescents (N= 2 982) (Pritzker & Minter, 2014) and displayed strong reliability for late adolescents (15 to 19 years of age; α = .91). Internal consistency of the RS-14 for this sample was excellent (baseline, α = .92; 12 months, α = .94; 24 months, α = .94).

Housing Stability

Housing stability was assessed using the Residential Timeline Follow-back (RTLFB), which accounts for housing history over three months and is used to determine youths' housing status and degree of stability over the study period (Tsemberis et al., 2007). Data collected with this measure include types of residence, household composition, number of moves, the reason for moves, and number of days the participant lived at the place over an assessment period (i.e., every three months).

Researchers use different definitions of housing stability and instability varying from number of days housed, proportions of days housed, changes in housing, and housing status

defined as either stably housed or unstably housed based on length of time housed (Boland et al., 2018). In this study, we operationalized housing stability in two ways in order to meet the assumptions of our two data analysis models (Hierarchical Multiple Regression, Logistic Regression): first, total percentage of time in stable housing was also calculated for 12 and 24 months. This meets the assumption of the Hierarchical Multiple Regression.

Second, in line with previous research (Roebuck et al., 2024; Volk et al., 2016), we also operationalized housing stability as being housed 90 consecutive days or more (Unstable [0], Stable [1]). Participants were coded as unstably housed if they spent time in any of the following living situations in the last 90 days: street, temporary residence, or emergency shelter, or if they left stable housing during the 90 days and became unhoused. This meets the assumptions of the Logistic Regression.

Data Analysis

Two hierarchical multiple regressions (HMR) (Tabachnick & Fidell, 2019) were performed using the statistical software package for social science (SPSS). The first HMR examined baseline predictors on percentage of time stably housed at 12-month housing stability; the second HMR examined 12-month predictors and percentage of time stably housed at 24-month housing stability. Predictors were entered in three blocks: [1] demographic variables and intervention group: sexual orientation, ethnicity, gender, and city; [2] risk factors: adverse childhood experiences, substance use, and mental health; [3] protective resources: life skills, psychological integration, social support, and resilience.

In order to test the moderating interaction, binary logistic regression with interaction terms (Hosmer & Lemeshow, 2013; Peng et al., 2002) was conducted using SPSS. Predictor variables included the risk factors of adverse childhood experiences, substance use and mental

health symptoms. Predictor and moderating variables of youth life skills, psychological integration, social support, and resilience were included in separate models. Gender, sexual orientation, race, city, and intervention group were included as covariates in all logistic regressions. Each moderation was run at the two-time points. First, baseline risk factors, and moderator variables (protective resources) and the dichotomous score of 12-month housing stability were used, and second, 12-month risk factors and moderator variables (protective resources and the dichotomous score of 24-month housing stability were used.

Data was examined for missing data at baseline and 12 months. No missing data was found in the demographic variables. Participants were included in 12-month analyses if they had 12-month housing data, and in the 24-month analyses if they had housing data for both the 12-month and 24-month time points. Missing data for the predictor variables at baseline ranged from seven to 22%, with adverse childhood experiences missing in 22 percent of the participants. Multiple Imputation was deemed the most appropriate way to estimate the data set (Zhu, 2014). Multiple imputation was used to address missing baseline data; based on the percentage of missing data, 20 imputed datasets were used. At 12 months, missing data for predictor variables ranged from eight to 46%, with 46% of participants missing items of psychological integration. Based on the percentage of missing data at 12 months, 50 imputed data sets were used. Using Baranzini (2018) procedure for compressing SPSS, the multiple imputed files were compressed into a single data file. Thus, all findings are presented as average scored, pooled estimates of the multiply imputed datasets. All statistical analyses were performed using SPSS 29.

An a priori power analysis was conducted using G*Power 3.1 (Faul et al., 2007) to determine the minimum sample size required to test the hypotheses. Results indicated the required sample size to achieve 80 percent power for detecting a medium effect, at a significance

criterion of $\alpha = .05$ was $N = 104$ for an HMR with 12 variables. Thus, the sample size of $N=132$ at timepoint one and $N=105$ at timepoint two is adequate to test the study hypotheses at 12 and 24 months.

Assumptions were met for both the HMRs and Logistic Regressions. There was linearity as assessed by partial regression plots and a plot of the studentized residuals against the predictive values. There was independence of residuals, evaluated by a Durbin Watson statistic of 1.94 and 1.84, respectively, for analyses examining housing stability at 12- and 24-months. The log-odds assumption of logistic regression was met, confirming that the relationship between predictors and the logit of the outcome variable was linear. There were no studentized deleted residuals greater than ±3 standard deviations, no leverage values greater than 0.2, and values for Cook's distances were all above one. Q-Q Plots and histograms assessed the assumption of normality. All predictor variables and covariates displayed normal distribution. Using a dichotomous score of housing stability, normality was met. Using the percentage scores of days stably housed, the results showed a bimodal distribution; using log and square root transformations, the scores remained binomial.

Since HMR assumes that the outcome variable is a continuous score, the bimodally distributed percentage scores were used, and results were assessed conservatively (Knief & Forstmeier, 2021). A dichotomous outcome variable was used for the binomial logistic regression. Months stably housed as a dichotomous variable did not display a skewed distribution; thus, only the dichotomous outcome score is presented.

Results

Sample Characteristics

The youth in this sample have completed the battery of questionnaires at 12 and 24 months and had housing data at 12- and 24 months. On average, the youth were 19.5 years old, ranging from 17 to 24. The sample had was evenly divided between participants in Ottawa (12 months, 47%; 24 months, 43%) and Toronto (12 months, 53%; 24 months, 57%), and who received HF4Y (12 months, 46%; 24 months, 51%) and Treatment as Usual (12-months, 53%; 24-months, 48%). The sample was primarily composed of cis-gender women (56%), cis-gender men (31%), and 12% of individuals who self-identified in other categories (i.e., transgender men, transgender women, non-binary, gender fluid). Participants were nearly evenly divided between heterosexuals (54%) and LGBTQ2S+ (46%). Participants were primarily Black, Indigenous, or People of Colour, accounting for 60% of youth at both time points. Table 1 further summarizes the demographics of youth in the sample at 12-months. Attrition occurred between 12 and 24 months reducing the sample size from 132 to 105.

Table 1.

Demographic Characteristics of Participants at baseline.

	M(SD)
Age	19.46 (1.7)
	N (%)
Site	
Ottawa	57 (47)
Toronto	65 (53)
Intervention	
HF4Y	57 (46)
Treatment as Usual	65 (53)
Gender	
Women	69 (56)
Men	38 (31)
Transgender Men	6 (5)
Transgender Women	3 (3)
Non-Binary	4 (3)
Gender Fluid	1 (1)
Sexual Orientation	
Heterosexual	66 (54)
LGBTQ2S+	56 (45)
Culture and Ethnicity	
Caucasian (White)	49 (40)
Black	38 (31)
Mixed Race	20 (16)
Indigenous	9 (7)
Racialized (other)	6 (4)

Note: Total N=132.

Predictors of Housing Stability at 12 Months

Results of the HMR of baseline factors predicting housing stability at 12 months are presented in Table 2. Demographic and the intervention variables significantly predicted housing stability over time, accounting for 45% of the observed variance, $F(5,126)= 6.37$, $p< .001$. The intervention group and city were significantly associated with housing stability, indicating that

those in HF4Y (β = .28, 95% CI= .05, .38, p<.001) and living in Ottawa (β = .34, 95% CI= .13, .47, p<.001) were more likely to have stable housing. The inclusion of risk factors and protective resources did not account for any significant change in the model. However, psychological integration was found to be a significant predictor of housing stability at 12 months (β= - .21, 95% CI= - .34, .02, p<.05).

Table 2.

Hierarchical Multiple Regression for Housing Stability at 12 months

Variable	B	95% CI		SE B	β	R^2	ΔR^2
		LL	UL				
Step 1						.20	.20***
Sexual Orientation (Heterosexual)	10.38	-2.84	23.60	6.68	.13		
Ethnicity (White)	-1.86	-15.20	11.48	6.74	-.02		
Gender (Man)	-10.57	-24.81	3.68	7.20	-.12		
City	26.94***	13.93	39.94	6.57	.34***		
Intervention Group	22.50***	9.95	35.05	6.34	.28***		
Step 2						.21	.01
Sexual Orientation (Heterosexual)	10.67	-3.18	24.53	7.00	.13		
Ethnicity (White)	-1.17	-14.71	12.36	6.84	-.01		
Gender (Man)	-9.38	-24.00	5.24	7.39	-.11		
City (Ottawa)	27.58***	14.21	40.94	6.75	-.35***		
Intervention Group (HF4Y)	22.47***	9.76	35.19	6.42	.28***		
Substance use	-2.36	-6.49	1.76	2.08	-.10		
Mental Health	.21	-7.23	7.66	3.76	.01		
ACEs	.22	-2.29	2.73	1.27	.01		
Step 3:						.25	.04
Sexual Orientation (Heterosexual)	8.69	-16.96	10.54	7.06	.11		
Ethnicity (White)	-3.21	-16.35	10.54	6.94	-.04		
Gender (Man)	-10.69	-25.35	3.98	7.41	-.13		
City	26.07***	12.59	39.55	6.81	-.33***		
Intervention Group	22.10***	9.16	35.04	6.53	.28***		
Substance use	-1.91	-6.14	2.33	2.14	-.08		
Mental Health	-2.38	-10.20	5.44	3.95	-.06		
ACEs	-.33	-2.86	2.19	1.27	-.02		
Youth life Skills	.07	-.61	.75	.34	.02		
Psychological Integration	-2.43*	-4.25	-.40	.97	-.21*		
Social Support	-.10	-.53	.34	.22	-.04		
Resilience	-.06	-.50	.39	.22	-.03		

*Note: N= 132, *p<.05, **p<.01, ***p<.001*

Moderating Relationship of Protective Resources on Risk Factors at Baseline for Housing Stability at 12 Months

Four logistic regression models were performed to ascertain the moderating relationship of four protective resources at baseline on the relationship of baseline risk factors and 12-month housing stability.

Youth Life Skills as a Moderator. As presented in Table 3, the logistic model containing predictors of substance use, mental health problems, ACEs, and youth life skills and covariates gender, sexual orientation, race, city, and intervention group was statistically significant $\chi^2(12) = 23.07$ $p = .02$. The model explained 21.4% (Nagelkerke R^2) of the variance in housing stability and correctly classified 67% of cases. Sensitivity was 77.8%, specificity was 55%, positive predictive value was 67.5%, and negative predictive value was 71%. Two of the nine predictor variables were significant: intervention group and city. Residents living in Ottawa have 4.13 (95% CI = 1.78, 9.59) times higher odds of exhibiting housing stability than youth living in Toronto, B= - .43, SE= .69, Wald $X^2 = 10.89$, $p < .001$. Youth in the HF4Y intervention group were 2.62 (95% CI= 1.20, 5.75) times more likely to exhibit housing stability than youth receiving TAU, B= .96, SE= .40, Wald $X^2 = 5.82$, $p = .02$. None of the interaction terms of risk factors with youth life skills were predictive of housing stability. In other words, youth life skills did not significantly moderate the relationship between those risk factors and housing stability.

Table 3.

Logistic Regression for Risk Factors and Youth Life Skills on Housing Stability at 12 Months

Predictor	B	SE B	Wald's X^2	*df*	*p*	e^B (Odds Ratio)	95% CI for e^B
Sexual Orientation	.71	.43	2.65	1	.10	2.03	.87, 4.75
Ethnicity	-.14	.44	.12	1	.73	.87	.39, 1.95
Gender	-.37	.46	.66	1	.42	.69	.28, 1.69
City	1.42	.43	10.89	1	<.001	4.13	1.78, 9.59
Intervention	.96	.40	5.82	1	.02	2.62	1.20, 5.75
Substance Use	-.44	.72	.38	1	.54	.64	.16, 2.64
Mental Health	.55	1.24	.20	1	.66	1.73	.15, 19.38
ACE	-.15	.64	.06	1	.81	.86	.24, 3.02
Youth Life Skills	-.02	.05	.09	1	.76	.98	.89, 1.09
Substance use *Youth Life Skills	.00	.01	.19	1	.66	1.00	.99, 1.02
Mental health* Youth Life Skills	-.01	.02	.31	1	.58	.99	.96, 1.02
ACE* Youth Life Skills	.00	.01	.07	1	.79	1.00	.99, 1.02

	Wald's X^2	*df*	*p*
Overall Model			
Likelihood Ratio Test	23.07	12	.03
Hosmer & Lemeshow	10,78	8	.21

Note: N= 132

Psychological Integration as a Moderator. As shown in Table 4, the logistic model containing predictors of substance use, mental health problems, ACEs, and psychological integration and covariates gender, sexual orientation, race, city, and intervention group was statistically significant $\chi^2(12) = 29.36$, $p = .003$. The model explained 27% (Nagelkerke R^2) of the variance in housing stability and correctly classified 67% of cases. Sensitivity was 75%, specificity was 58%, positive predictive value was 68%, and negative predictive value was 66%. Three of the nine predictor variables were significant: city, intervention group, and psychological integration (as shown in Table 4). Residents living in Ottawa have 4.10 (95% CI = 1.72, 9.78)

times higher odds of exhibiting housing stability than youth living in Toronto B= 1.41, SE= .44, Wald X^2 = 10.08, p <.001. Youth in the HF4Y intervention group were 2.97 (95% CI = 1.33, 6.67) times more likely to exhibit housing stability than youth receiving TAU, B= 1.09, SE= .41, Wald X^2 = 6.99, p = .01. Youth who had lower levels of psychological integration into their community were 30% less likely to achieve housing stability compared to those with higher levels of community integration, B= -.35, SE= .16, Wald X^2 = 5.08, p = .02. None of the interaction terms of risk factors with psychological integration were predictive of housing stability. In other words, psychological integration did not significantly moderate the relationship between those risk factors and housing stability.

Table 4.

Logistic Regression for Risk Factors and Psychological Integration on Housing Stability at 12 Months

Predictor	B	SE B	Wald's χ^2	*df*	*p*	*e B* (Odds Ratio)	95% CI for e^B
Sexual Orientation	.62	.45	1.92	1	.17	1.87	.77, 4.50
Ethnicity	-.26	.43	.36	1	.55	.77	.33, 1.81
Gender	-.44	.47	.89	1	.35	.64	.25, 1.62
City	1.41	.44	10.08	1	<.001	4.10	1.72, 9.78
Intervention Group	1.09	.41	6.99	1	.01	2.97	1.33, 6.67
Substance Use	-.09	.36	.06	1	.80	.91	.45, 1.86
Mental Health	-.66	.75	.76	1	.38	.52	.12, 2.26
ACE	-.35	.28	1.54	1	.21	.71	.41, 1.22
Psychological Integration	-.35	.16	5.08	1	.02	.70	.52, .96
Substance use * Psychological Integration	.00	.03	.00	1	1.00	1.00	.93, 1.07
Mental health* Psychological Integration	.04	.07	.38	1	.54	1.04	.92, 1.18
ACE* Psychological Integration	.03	.02	1.64	1	.20	1.03	.98, 1.08

	Wald's χ^2	*df*	*p*
Overall Model			
Likelihood Ratio Test	29.36	12	.01
Hosmer & Lemeshow	14.01	8	.08

Note: N= 132

Social Support as a Moderator. As presented in Table 5, the logistic model containing predictors of substance use, mental health problems, ACEs, and social support and covariates gender, sexual orientation, race, city, and intervention group was statistically significant $\chi^2(12) = 28.01$, $p = .006$. The model explained 25.6% (Nagelkerke R^2) of the variance in housing stability and correctly classified 68.2% of cases. Sensitivity was 75%, specificity was 60%, positive predictive value was 69%, and negative predictive value was 66.6%. Two of the nine predictor variables were significant: intervention, city (as shown in Table 5). Youth living in Ottawa have

4.35 (95% CI = 1.84, 10.30) times higher odds of exhibiting housing stability than youth living in Toronto B= 1.47, SE= .44, Wald X^2 = 11.16, p <.001. Youth in the HF4Y intervention group were 2.82 (95% CI= 1.27, 6.28) times more likely to exhibit housing stability than youth receiving TAU B= 1.04, SE= .41, Wald X^2 = 6.49, p = .01. None of the interaction terms of risk factors with social support were predictive of housing stability. In other words, social support did not significantly modify or moderate the relationship between those risk factors and housing.

Table 5.

Logistic Regression for Risk Factors and Social Support on Housing Stability at 12 Months

Predictor	B	SE B	Wald's χ^2	*df*	*p*	e^B (Odds Ratio)	95% CI for e^B
Sexual Orientation	.79	.45	3.12	1	.08	2.21	.92, 5.33
Ethnicity	-.13	.43	.09	1	.76	.88	.38, 2.03
Gender	-.39	.46	.71	1	.40	.68	.27, 1.68
City	1.47	.44	11.16	1	<.001	4.35	1.84, 10.30
Intervention Group	1.04	.41	6.49	1	.01	2.82	1.27, 6.28
Substance Use	.31	.42	.53	1	.47	1.36	.59, 3.11
Mental Health	-.43	.75	.32	1	.57	.65	.115, 2.87
ACE	.44	.25	3.13	1	.08	1.56	.95, 2.55
Social Support	.04	.04	.99	1	.32	1.04	.97, 1.11
Substance use * Social Support	-.01	.01	1.40	1	.24	.99	.97, 1.01
Mental health* Social Support	.01	.01	.20	1	.65	1.01	.98, 1.04
ACE* Social Support	-.01	.01	3.32	1	.07	.99	.98, 1.00

	Wald's χ^2	*df*	*p*
Overall Model			
Likelihood Ratio Test	28.01	12	.01
Hosmer & Lemeshow	8.40	8	.40

Note: N=132

Resilience as a Moderator. As shown in Table 6, the logistic model containing predictors of substance use, mental health problems, ACEs, and resilience and covariates gender,

sexual orientation, race, city, and intervention group was statistically significant $\chi^2(12) = 23.44$, $p = .024$. The model explained 21.7% (Nagelkerke R^2) of the variance in housing stability and correctly classified 68.9% of cases. Sensitivity was 79.2%, specificity was 55.7%, positive predictive value was 68.6%, and negative predictive value was 69.4%. Only two of the nine predictor variables were significant: intervention group and city (as shown in Table 6). Residents living in Ottawa have 4.56 (95% CI= 1.93, 10.79) times higher odds of exhibiting housing stability than youth living in Toronto B= 1.52, SE= .44, Wald $X^2 = 11.96$, $p < .001$. Youth in the HF4Y intervention group were 2.72 (95% CI = 1.23, 5.99) times more likely to exhibit housing stability than youth receiving TAU, B= 1.00, SE=.40, Wald $X^2 = 6.14$, $p = .01$. None of the interaction terms of risk factors with resilience were predictive of housing stability. In other words, resilience did not significantly modify or moderate the relationship between those risk factors and housing stability.

Table 6.

Logistic Regression of Risk Factors and Resilience as Predictors of Housing Stability at 12 Months

Predictor	B	SE B	Wald's χ^2	*df*	*p*	e^B (Odds Ratio)	95% CI for e^B
Sexual Orientation	.67	.44	2.32	1	.13	1.96	.82, 4.64
Ethnicity	-.26	.42	.38	1	.54	.77	.34, 1.75
Gender	-.27	.46	.35	1	.56	.77	.31, 1.87
City	1.52	.44	11.96		<.001	4.56	1.93, 10.79
Intervention Group	1.00	.40	6.14	1	.01	2.72	1.23, 5.99
Substance Use	.18	.41	.20	1	.65	1.20	.54, 2.69
Mental Health	-.38	.71	.29	1	.59	.68	.17, 2.74
ACE	-.08	.28	.08	1	.78	.92	.53, 1.61
Resilience	-.01	.03	.26	1	.61	.99	.93, 1.04
Substance use * Resilience	-.01	.01	.63	1	.43	.99	.98, 1.01
Mental health* Resilience	.00	.01	.13	1	.72	1.00	.98, 1.03
ACE* Resilience	.00	.00	.11	1	.74	1.00	.99, 1.01

	Wald's χ^2	*df*	*p*
Overall Model			
Likelihood Ratio Test	23.44	12	.02
Hosmer & Lemeshow	7.44	8	.49

Note: N=132

Predictors of Housing Stability at 24-Months

Results of the HMR of 12-month factors predicting housing stability at 24 months are presented in Table 7. Demographic and intervention variables significantly predicted housing stability over time, accounting for 44% of the observed variance $F(5, 99)= 4.71$, $p< .001$. The intervention group was significantly associated with housing stability, indicating that those in HF4Y ($\beta = 0.38$, 95% CI = .19, .56, $p<.01$) were more likely to have stable housing. The inclusion of risk factors and protective resources did not account for any significant change in the model.

Table 7.

Hierarchical Multiple Regression for Housing Stability at 24 Months

Variable	B	95% CI		SE B	*β*	R2	ΔR2
		LL	UL				
Step 1						.19	19***
Sexual Orientation (Heterosexual)	3.99	-11.04	19.02	7.57	.05		
Ethnicity (White)	-4.66	-19.65	10.33	7.55	-.06		
Gender (Man)	-9.49	-26.20	7.22	8.42	.11		
City	-13.43	-28.35	1.48	7.52	-.17		
Intervention Group	29.72***	15.27	44.18	7.29	.38***		
Step 2						.20	.01
Sexual Orientation (Heterosexual)	4.12	-11.03	19.28	7.63	.05		
Ethnicity (White)	-5.37	-20.59	9.84	7.66	-.07		
Gender (Man)	-8.56	-25.83	8.72	8.70	-.10		
City	-10.80	-26.53	4.93	7.93	-.14		
Intervention Group	30.46***	15.80	45.12	7.38	.39***		
Substance use	1.61	-4.22	7.45	2.94	.05		
Mental Health	3.91	-5.53	13.36	4.76	.08		
ACEs	-.97	-3.91	1.97	1.48	-.06		
Step 3:						.22	.02
Sexual Orientation (Heterosexual)	5.10	10.26	20.46	7.74	.06		
Ethnicity (White)	-7.34	-23.15	8.46	7.96	-.09		
Gender (Man)	-8.72	-26.60	9.16	9.00	-.10		
City	-6.65	-23.55	10.26	8.51	-.08		
Intervention Group	31.98***	16.92	47.03	7.58	.40***		
Substance use	2.57	-3.51	8.64	3.06	.09		
Mental Health	8.12	-3.30	19.53	5.75	.18		
ACEs	-1.13	-4.15	1.89	1.52	-.08		
Youth life skills	.42	-4.9	1.33	.46	.11		
Psychological Integration	.00	-1.45	1.46	.73	.00		
Social Support	.09	-.53	.71	.31	.03		
Resilience	.15	-.39	.69	.27	.07		

Note: N=105

Moderating Relationship of Protective Resources on Risk Factors at 12 Months for Housing Stability at 24 Months

Four logistic regression models were performed to ascertain the moderating relationship of four protective resources at 12 months on the relationship of 12-month risk factors and 24-month housing stability.

Youth Life Skills as a Moderator. As presented in Table 8, the logistic model containing predictors of substance use, mental health problems, ACEs, and youth life skills and covariates gender, sexual orientation, race, city, and intervention group was statistically significant $\chi^2(12) = 24.53$, $p = .017$. The model explained 28.1% (Nagelkerke $R^2$of the variance in housing stability and correctly classified 70.5% of cases. Sensitivity was 75.8%, specificity was 62.8%, positive predictive value was 74.6%, and negative predictive value was 64%. Only the intervention group was significant. Youth in the HF4Y intervention group were 6.78 (95% CI= 2.59, 17.75) times more likely to exhibit housing stability than youth receiving TAU, B= 1.91, SE= .49, Wald $X^2 = 15.17$, $p < .001$. None of the interaction terms of risk factors with youth life skills predicted housing stability. In other words, youth life skills did not significantly modify or moderate the relationship between those risk factors and housing stability.

Table 8.

Logistic Regression for Risk Factors and Youth Life Skills on Housing Stability at 24 Months

Predictor	B	SE B	Wald's χ^2	*df*	*p*	e^B (Odds Ratio)	95% CI for e^B
Sexual Orientation	.80	.48	2.72	1	.10	2.22	.86, 5.74
Ethnicity	-.31	.49	.41	1	.52	.73	.28, 1.91
Gender	-.40	.56	.50	1	.48	.67	.22, 2.02
City	.43	.54	.63	1	.43	1.53	.54, 4.37
Intervention Group	1.91	.49	15.17	1	<.001	6.78	2.59, 17.75
Substance Use	-.39	1.37	.08	1	.77	.68	.05, 9.84
Mental Health	2.15	2.26	.90	1	.34	8.56	.10, 717.44
ACE	-.04	.76	.00	1	.96	.97	.22, 4.29
Youth Life Skills	.08	.06	1.82	1	.18	1.08	.97, 1.21
Substance use *Youth Life Skills	.01	.02	.12	1	.73	1.01	.97, 1.04
Mental health* Youth Life Skills	-.02	.03	.59	1	.44	.98	.93, 1.03
ACE* Youth Life Skills	.00	.01	.00	1	.98	1.00	.98, 1.02

	Wald's χ^2	*df*	*p*
Overall Model			
Likelihood Ratio Test	24.53	12	.02
Hosmer & Lemeshow	8.88	8	.35

Note: N=105

Psychological Integration as a Moderator. As shown in Table 9, the logistic model containing predictors of substance use, mental health problems, ACEs, and psychological integration and covariates gender, sexual orientation, race, city, and intervention group was statistically significant $\chi^2(12) = 23.73$, $p = .022$. The model explained 27.3% (Nagelkerke R^2) of the variance in housing stability and correctly classified 72.4% of cases. Sensitivity was 74.2%, specificity was 69.8%, positive predictive value was 77.9%, and negative predictive value was 65%. Only the intervention group was statistically significant. Youth in the HF4Y intervention group were 5.48 (95% CI = 2.17, 13.85) times more likely to exhibit housing stability than youth

receiving TAU, B= 1.70, SE= .47, Wald X^2 = 12.92, p <.001. None of the interaction terms of risk factors with psychological integration predicted housing stability. In other words, psychological integration did not significantly modify or moderate the relationship between those risk factors and housing stability.

Table 9.

Logistic Regression for Risk Factors and Psychological Integration on Housing Stability at 24 Months

Predictor	B	SE B	Wald's χ^2	*df*	*p*	e^B (Odds Ratio)	95% CI for e^B
Sexual Orientation	.68	.48	2.01	1	.16	1.97	.77, 5.00
Ethnicity	-.27	.47	.31	1	.57	.77	.30, 1.94
Gender	-.43	.56	.59	1	.44	.65	.22, 1.95
City	.00	.50	.00	1	.99	1.00	.37, 2.66
Intervention Group	1.70	.47	12.92	1	<.001	5.48	2.17, 13.85
Substance Use	-.16	.63	.06	1	.80	.85	.25, 2.96
Mental Health	1.33	1.09	1.51	1	.22	3.80	.45, 31.87
ACE	.31	.31	1.03	1	.31	1.36	.75, 2.48
Psychological Integration	.22	.13	2.79	1	.09	1.25	.96, 1.62
Substance use*Psychological Integration	.01	.05	.03	1	.86	1.01	.92, 1.10
Mental Health*Psychological Integration	-.09	.07	1.54	1	.21	.92	.80, 1.05
ACE*Psychological Integration	-.02	.02	1.64	1	.20	.98	.94, 1.01

	Wald's χ^2	*df*	*p*
Overall Model			
Likelihood Ratio Test	23.73	12	.02
Hosmer & Lemeshow	11.12	8	.19

Note: N=105

Social Support as a Moderator. As presented in Table 10, the logistic model containing predictors of substance use, mental health problems, ACEs, and social support and covariates gender, sexual orientation, race, city, and intervention group was statistically significant $\chi^2(12) = 26.24$, $p < .01$. The model explained 29.8% (Nagelkerke R^2) of the variance in housing stability and correctly classified 68.6% of cases. Youth in the HF4Y intervention group were 5.75 (95% CI = 2.26, 12.67) times more likely to exhibit housing stability than youth receiving TAU, B= 1.75, SE= .48, Wald $X^2 = 13.44$, $p <.001$. The interaction term ACE and social support was found statistically significant, indicating that the effect of ACE on the odds of housing stability differs depending on the level of social support. The significant interaction term of ACE by social support, B= - .02, SE= .01, Wald $X^2 = 3.76$, $p< .05$, indicates that the effect of adverse childhood experiences (ACEs) on housing stability is moderated by social support. Specifically, as social support increases, the association of ACEs with housing stability decreases.

Table 10.

Logistic Regression for Risk Factors and Social Support on Housing Stability at 24 Months

Predictor	B	SE B	Wald's χ^2	*df*	*p*	e^B (Odds Ratio)	95% CI for e^B
Sexual Orientation	.88	.50	3.07	1	.08	2.42	.90, 6.50
Ethnicity	-.21	.48	.19	1	.66	.81	.32, 2.07
Gender	-.62	.62	1.00	1	.32	.54	.16. 1.82
City	.27	.51	.28	1	.59	1.31	.48, 3.56
Intervention Group	1.75	.48	13.44	1	<.001	5.75	2.26, 12.67
Substance Use	.40	.85	.22	1	.64	1.49	.28, 7.92
Mental Health	.72	1.04	.48	1	.49	2.06	.27, 15.77
ACE	.87	.48	3.30	1	.07	2.39	.93, 6.09
Social Support	.13	.05	5.61	1	.02	1.14	1.02, 1.27
Substance use *Social Support	-.01	.02	.19	1	.66	.99	.96, 1.02
Mental health* Social Support	-.01	.02	.28	1	.60	.99	.96, 1.03
ACE* Social Support	-.02	.01	3.76	1	.05	.98	.97, 1.00

	Wald's χ^2	*df*	*p*
Overall Model			
Likelihood Ratio Test	26.24	12	.01
Hosmer & Lemeshow	11.34	8	.18

Note: N=105

Resilience as a Moderator. As presented in Table 11, the logistic model containing predictors of substance use, mental health problems, ACEs, and resilience and covariates gender, sexual orientation, race, city, and intervention group was statistically significant $\chi^2(12) = 20.48$, $p = .058$. The model explained 23.9% (Nagelkerke R^2) of the variance in housing stability and correctly classified 69.5% of cases. Sensitivity was 74.2%, specificity was 62.8%, positive predictive value was 74.2%, and negative predictive value was 62.8%. Only the intervention group was statistically significant. Youth in the HF4Y intervention group were 5.59 (95% CI =

2.26, 13.81) times more likely to exhibit housing stability than youth receiving TAU, B= 1.72, SE= .46, Wald X^2 = 13.88, p <.001. None of the interaction terms of risk factors with resilience predicted housing stability. In other words, resilience did not significantly modify or moderate the relationship between those risk factors and housing stability.

Table 11.

Logistic Regression for Risk Factors and Resilience on Housing Stability at 24 Months

Predictor	B	SE B	Wald's χ^2	*df*	*p*	e^B (Odds Ratio)	95% CI for e^B
Sexual Orientation	.68	.47	2.08	1	.15	1.97	.78, 4.92
Ethnicity	-.24	.47	.27	1	.60	.78	.31, 1.97
Gender	-.23	.55	.18	1	.67	.79	.27, 2.34
City	.27	.51	.28	1	.60	1.31	.48, 3.53
Intervention Group	1.72	.46	13.88	1	<.001	5.59	2.26, 13.81
Substance Use	.19	.83	.05	1	.82	1.20	.24, 6.16
Mental Health	.91	1.02	.80	1	.37	2.48	.34, 18.32
ACE	-.14	.35	.17	1	.68	.87	.44, 1.71
Resilience	.02	.03	.59	1	.44	1.02	.97, 1.08
Substance use *Resilience	.00	.01	.04	1	.84	1.00	.97, 1.02
Mental health* Resilience	-.01	.01	.39	1	.53	.99	.96, 1.02
ACE* Resilience	.00	.00	.07	1	.79	1.00	.99, 1.01
			Wald's χ^2	*df*	*p*		
Overall Model							
Likelihood Ratio Test			20.48	12	.06		
Hosmer & Lemeshow			3.72	8	.88		

Note: N=105

Discussion

The present study investigated the predictors of housing stability among youth and young adults, focusing on the role of risk factors and protective resources over time. Additionally, the examination of the moderating influence of protective resources, namely life skills, psychological integration, social support, and resilience, were explored to determine whether

they could buffer the negative impact of risk factors on housing stability. The findings of this research provide insights into the factors that contribute to housing stability among youth experiencing or who have experienced homelessness. Location and intervention were critical predictors of housing stability over time. While risk and protective factors did not contribute to housing stability independently, social support emerged as the sole protective resource to mitigate the risks of ACEs on housing stability over time.

City influences

It is essential to differentiate the housing market of Toronto versus Ottawa in the interpretation of findings. At year one, findings showed that youth in Ottawa were more likely to have secured stable housing compared to youth in Toronto; however, these differences were no longer present at 24 months. To obtain subsidized or rent-geared-to-income housing in Toronto and Ottawa, one must apply to a centralized waiting list coordinated by a registry office in each of the cities. As of 2024, over 92 thousand households were on this waiting list in Toronto versus 10 thousand in Ottawa (City of Ottawa, n.d.; City of Toronto, n.d.-a).

The wait time for a one-bedroom, rent-geared-to-income unit is currently 14 years in Toronto versus five years in the city of Ottawa (City of Ottawa, n.d.; City of Toronto, n.d.-b). The average monthly rent for a one-bedroom apartment in Toronto is $2,500 versus $2,000 dollars in Ottawa (Rentals.ca & Urbanation, 2024). Provincial government income assistance programs such as Ontario Disability Support Program at $1,368 per month (Ontario Government, n.d.) and Ontario Works at $733 per month for an individual is inadequate for rent and cost of living in Toronto.

Notably, researchers found that youth between 18 to 24 years old experience significantly higher rates of poverty than adults and seniors in Toronto (Polanyi, 2017). The availability and

affordability of housing in each city are critical to understanding this finding, as it may suggest that it is more difficult for youth to find affordable housing in Toronto than in Ottawa; however, being a recipient of HF4Y facilitated for youth to become housed in both cities.

Support for Housing First for Youth as an Intervention

Morton et al. (2020) provide a comprehensive and most recent up-to-date synthesis of the effectiveness of interventions to address youth homelessness. They found that rigorous and long-term assessment of shelter and housing programs for improving housing stability is lacking. Kozloff et al. (2016) remain the only study that studied the effectiveness of Housing First on housing stability for a youth population in a randomized controlled trial. They found that housing stability for youth receiving housing first did not significantly differ from that of an adult population. However, youth in treatment as usual group experienced significantly less housing stability compared to an adult population receiving treatment as usual and youth receiving Housing First.

Researchers highlight that independent living may not be the best for all youth experiencing homelessness as they either do not wish to live alone or may not be developmentally ready to live alone (Brakenhoff et al., 2022; Gaetz, 2014a, 2014b; Henwood et al., 2018). HF4Y considers housing models such as group housing, family reconnection, transitional housing, permanent supportive housing, and scattered site independent living (Gaetz, 2014a; Holtschneider, 2016). HF4Y is choice-based and is intended to provide youth and young adults with the appropriate level of care they need and desire relative to their developmental stage (Steen & MacKenzie, 2016).

In line with previous research (Kozloff et al., 2016), the study shows evidence of successful housing outcomes for youth receiving HF4Y. Based on the Pathways model of

Housing First (Tsemberis, 2015), Gaetz et al. (2021) developed HF4Y with the understanding that youth have unique social and developmental needs compared to the adult population. The program integrates vital components that researchers have highlighted as necessary for a youth population, including advocacy for youth (Brakenhoff et al., 2022), diverse housing options (Gaetz, 2014a; Henwood et al., 2018; Holtschneider, 2016), and social and community support (Brakenhoff et al., 2022; Henwood et al., 2018). Consistent with the adult model, providing permanent housing for a person offers dignity and hope (Tsemberis, 2004, 2015). Moreover, researchers have highlighted that youth who receive stable housing are able to shift their focus away from surviving each day and think about long-term goals (Brakenhoff et al., 2022; Wood et al., 2024).

Housing First has been extensively studied as an effective solution for housing people and keeping them in stable housing. It is considered the best practice for intervening with adults experiencing homelessness. However, minimal efforts have been made to evaluate Housing First for youth populations (Gaetz, 2014a; Kozloff et al., 2016). According to Tsemberis and colleagues (2003), Housing First programs have sustained roughly 80 percent housing retention for individuals with serious mental health problems and substance abuse, and continue to display considerable improvements in housing stability (Baxter et al., 2019).

It is important to note that mental health symptoms, substance use, and adverse childhood experiences were not significant predictors of housing stability. The non-significance of these factors suggests that youth with varying levels of trauma and mental health needs can be supported to successfully exit homelessness. Similarly, protective factors such as life skills and resilience were also not predictive of housing stability. This may suggest that youth with varying levels of ‘adulthood’ skills are able to achieve housing stability and exit homelessness.

Sense of Belonging and Housing Stability

Belonging is a core aspect of psychological integration and stems from forming relationships characterized by acceptance, mutual trust, and support (Wong & Solomon, 2002). The findings from this study indicate that psychological integration at baseline —a sense of belonging — can negatively predict housing stability at 12 months. In other words, youth who reported a greater sense of belonging to their community prior to becoming housed, were more likely to be unstably housed at 12 months. This suggests a complex dynamic where community ties, especially those rooted in street culture, might influence long-term housing outcomes. The process of leaving homelessness among youth has been less explored in contrast to the extensive literature on pathways into homelessness and adversity on the streets (Kidd et al., 2015).

Being entrenched in street culture can reinforce housing instability, notably when youth maintain close connections with others who remain unhoused. One major barrier to exiting homelessness for youth is breaking ties with the street culture (Karabanow, 2008). Researchers have identified that youth identify their community of other young people experiencing homelessness as a key source of emotional support and protection and they become dependent on others with similar experiences of similar age (Bender et al., 2007). The decision to disengage from street culture is complex and demands courage (Karabanow, 2008).

However, in the stage of exiting the streets, Kidd and colleagues (2016) highlight that, despite support, youth face individual level challenges (e.g., addiction, continued connection to street culture) and structural barriers (e.g., engagement with school and employment) that may undermine their efforts in trying to obtain stability. That being said, youth often lack the connection to mainstream society and struggle to feel like they belong in their new neighbourhood (Thulien et al., 2018, 2019). Plett et al., (2023) highlights that people exiting

homelessness described experiences of feeling disconnected from broader society and felt feelings of displacement. Furthermore, Phipps et al (2021) highlight in a qualitative study that many individuals described the first several months of being housed negatively and described feelings of loneliness.

Consistent with previous research, the findings from this study demonstrate that it is necessary to address the psychological integration early on in interventions. One means that this can be done by integrating peer support into early interventions. HF4Y integrates peer support and psychological integration as key principles of the model to ensure that youth are well-connected with their surroundings and do not feel the influence to return back to their street culture (Gaetz, 2014, 2021). Having peer mentors who have previously experienced homelessness and have achieved housing stability may act as a motivational drive for youth beginning their journey, showing that this is a possible transition.

Social Support and Resilience in Youth Housing Stability

Our findings highlight the critical role of social support in maintaining housing stability. Specifically, 12-month social support is related to increased housing stability at 24-months, while also moderating the negative relationship ACEs have on housing stability. Social support has a strong link with developing the skills that would support positive adaptation, ultimately leading to increased housing stability. While youth have the potential to adapt in the face of adversity (Manoni-Millar et al., 2024), this adaptation is not solely an independent journey and involves the interaction of individual, relational, and community systems. Researchers have emphasized that youth seek social support, whether it is from caring service providers or peers (Brakenhoff et al., 2022; Henwood et al., 2018).

Many youth entering housing do not have the experience of living independently (Henwood et al., 2018; Thompson et al., 2016). It is, therefore, fundamental to ensure that youth are well supported in this transition. The HF4Y program emphasizes community connection through peer support and family reconnection (Gaetz et al., 2021). While leveraging the benefits of shared experiences, peer support provides youth with assistance, validation, and safety while mitigating the harms of victimization (Kidd et al., 2019; Stewart & Townley, 2020).

ACEs have been consistently found to be a strong predictor of poor health outcomes and adult homelessness (Liu et al., 2021). While ACEs were not predictive of housing stability in our study, evaluating the moderating relationship of social support on ACEs is important. Strong social support systems act as protective factors, mitigating the negative influence of ACEs on housing stability. Community programs, case management, and peer networks can compensate for deficits in social resources, providing practical and emotional support to those impacted by ACEs.

Evidence from adult Housing First models reinforces this finding, showing that peer support significantly contributes to improved housing stability (Barker & Maguire, 2017; Bean et al., 2013). To enhance the moderating role of social support on ACEs which are frequently the source of trauma service providers should also deliver trauma-informed support. This approach emphasizes skill-building and resilience development, empowering youth to recognize their strengths and adopt effective coping strategies in the face of trauma (Hopper et al., 2010). By integrating social support systems with trauma-informed practices, interventions can better address the complex relationship between ACEs and housing stability.

Youth and young adulthood are critical time periods to address the need for social support through intervention and fostering healthy relationships, particularly for youth who have

experienced ACEs. Researchers emphasize that fostering connections with peers—individuals who share similar experiences—can significantly enhance the effectiveness of housing interventions; contributing to both housing stability and overall well-being (de Pass et al., 2023; Holtschneider, 2016). In sum, social support is necessary for youth experiencing homelessness to develop into adults and maintain housing stability.

Future Directions and Limitations

This study offers several implications for program development. First, based on HF4Y's association with housing stability over time, it calls for further investment in this approach to end youth homelessness. It is important that future research examines other areas in which the intervention may be effective. Further research should explore the types of housing in which youth with different needs are more likely to achieve housing stability, whether independent scattered sites, family reconnection, permanent supportive housing, or transitional housing.

Second, we need to recognize the importance of social support as a critical protective resource. Social support has been found to have an impact on safety (de Pass et al., 2023), mental health (Manoni-Millar et al., 2023), and housing stability (Henwood et al., 2018). We have not been able to identify any research that has examined if social support could act as a preventative measure to experiencing homelessness for youth.

While this study offered many strengths and support for the HF4Y model and the need to increase social support in interventions, limitations remain. The study took place in two Canadian cities in the same province. Thus, it will be essential to ensure replicability in different cities with differing housing policies, financial aid, and housing markets. Given the findings that Ottawa youth were more quickly housed than Toronto youth, it will be important that future

development of the program takes into consideration the city context to facilitate rapid housing for youth.

Conclusion

Trials on housing interventions for youth are far and few between. This study offers the first examination of predictors of housing stability in a sample across two years. While the hypotheses set out to examine the relationship of protective resources and risk factors to housing stability, it was found that the HF4Y intervention played a critical role in whether youth had stable housing. The significant difference in housing stability for youth, receiving HF4Y over a two-year period, demonstrated that they have the capacity to achieve housing stability.

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General Discussion

Overview and Discussion of Research Findings

Youth homelessness is a complex and challenging issue in Canada. While there is a growing literature on youth experiencing homelessness, research has focused primarily on pathways into homelessness. This dissertation adds to the small number of studies that have looked at resilience among youth and the process of exiting the streets and focuses on the interplay of protective and risk factors that are associated with resilience and housing stability.

Researchers have identified resilience as a multifaceted construct characterized as both a process of positive adaptation despite adversity (Masten, 2001) and as a strength that serves to protect individuals in the face of hardship (Goldsteing & Brooks, 2023). In this dissertation I primarily focus on the former as it is important to understand the transactional benefit of building resilience. In other words, developing resilience can reduce one's vulnerability and exposure to harm over time, creating a cycle that helps youth better navigate challenges and avoid future setbacks. Consequently, this dissertation has two guiding research questions: [1] How can we foster resilience among youth experiencing or at risk of homelessness? and [2] How is perceived resilience among youth experiencing or at risk of homelessness related to their ability to maintain stable housing? The first question was the focus of Studies 1 and 2. The second was the focus of Studies 2 and 3.

In study 1 entitled "*Fostering Resilience: Risk and Protective Factors Predictive of Resilience Over Time,*" and using quantitative measures, I found that resilience was relatively stable and remained low to moderate from baseline to 24-months as defined by the parameters identified by Wagnild & Young (1993). However, what was found to be predictor of resilience changed over time. Specifically, higher levels of life skills predicted higher levels of resilience at

baseline, greater severity of mental health symptoms predicted lower levels of resilience at baseline and 12-months, and greater number of adverse childhood experiences (ACE) and a higher level of social support at 12 months reflected higher resilience at 24-months.

In accordance with my hypotheses for this study that risk factors would negatively predict resilience, greater severity of mental health symptoms was the only variable that predicted lower resilience in youth. This relation was present at baseline and baseline to 12-months. Findings from previous research and this study highlight the interconnected nature between resilience and mental health. Researchers have consistently found that youth with higher levels of resilience report higher levels of mental health functioning (Mesman et al., 2021; Schäfer et al., 2023). The reverse has also been found in Study 1, with higher levels of mental health were predictive of lower levels of resilience.

Contrary to the study's hypothesis, the results show that ACEs were positively related to higher levels of resilience. Previous research examining ACEs as a predictor of resilience in youth has consistently found a negative relationship between ACEs and resilience (Morgan et al., 2021; Tiet et al., 2009), with greater exposure to ACEs diminishing their ability to cope with stress and adapt to adversity. The positive relationship between greater number of ACEs and higher levels of resilience seems to be particularly unique to this sample. A potential explanation of this relationship is that the youth in our study have developed, as a result of being exposed to ACEs, skills for better regulating emotions and managing stress, , in line with "post-traumatic growth." Post-traumatic growth refers to positive personality and life changes that can occur following life-altering, traumatic events (Tedeschi & Calhoun, 1995). This can include reframing assumptions about the world and reconfiguring individual goals and beliefs. The positive relationship between number of ACES and level of resilience at 24-months may suggest that

youth have had time to process their adverse experiences associated with housing instability and homelessness and recognize that these they have previously overcome difficult circumstances and been able to adapt to hardship and adversity.

Triangulating the results from Study 1, similar findings were discussed in the qualitative interviews in Study 2 entitled "*From Coping to Resilience: How Youth with Lived Experience of Homelessness Cope with Stressful Experiences.*" In this study using longitudinal qualitative interviews, I examined and compared how youth manage challenges and stressors at two different time points. A critical aspect of the findings from this study is the exploration of community-based coping and problem-solving strategies. While youth discussed individual coping strategies such as reflection and reframing experiences, the importance of connecting or reconnecting with others was also highlighted – including community members, friends, and family. This is consistent with findings from Study 1, which identified social support as a significant protective resource that predicted resilience.

In Study 3 entitled "*Resilience and its Relationship to Housing Stability for Youth: A Longitudinal Study,*" I investigated if risk factors and protective resources contributed to housing stability, and if protective resources moderated the relationship between risk factors and housing stability. The results of the study show that substance use, ACEs, and mental health symptoms were not predictive of housing stability. As well, protective resources (social support, community integration, and life skills) were not moderators of the relationship of risk factors with housing stability.

However, among protective resources I found a predictive relationship of both psychological integration and social support with housing stability. Contrary to my initial hypothesis, which predicted that psychological integration would positively influence housing

stability, the study found that psychological integration at baseline was negatively associated with housing stability 12 months. However, in line with my hypothesis, social support at 12 months was positively related to housing stability at 24 months.

Psychological integration in the community among youth experiencing homelessness is an understudied area of research (Thulien et al., 2019). Achieving psychological integration after experiencing homelessness is a challenging experience (Nemiroff et al., 2011). Previous research has shown that having more positive social relationships and reporting higher levels of psychological integration are predictors of higher levels of mental health recovery for youth (Manoni-Millar et al., 2023).

The negative relationship between psychological integration at baseline to housing stability at 12 months suggests that youth who had a greater sense of community while homeless experienced more difficulty with achieving stable housing. A possible explanation for this finding is that youth who report a higher level of psychological integration while homeless experience more difficulty separating from their social network. This contrasts to the finding that increased social support at 12-months is predictive of housing stability at 24-months. These findings highlight the complex relationship between the people youth associate with, their surrounding community, and their likelihood of successfully exiting homelessness and maintaining stable housing. The positive relationship of social support may be indicative that fostering community connection with peers, service providers, and families separate from their network while homeless, may have a positive influence on achieving and maintaining housing stability.

All three studies highlight the complex interplay between various risk factors and protective resources that influence resilience and housing stability over time. The overarching

theme across the three studies is the need for supportive relationships. In Study 1, we see that social support is a significant component to developing resilience. In Study 2, we hear the narratives of youth that community and familial connections are critical to adapting to adversity over time. Finally, in Study 3, the results highlight that over time, social support is a significant predictor of maintaining housing stability. The critical role of social support highlights that the journeys of gaining strength and exiting homelessness are not simply the result of individual efforts by youth and the positive influences of relationships play an important role. Social support has been found to promote behaviours that improve stress regulation and mental health recovery (Gasior et al., 2018; Manoni-Millar et al., 2023), decrease the likelihood of engaging in risk-taking behaviours (Owens et al., 2020; Sippel et al., 2015), and facilitate the transition into stable housing (Mayock, Corr, et al., 2011). In line with previous research, the three studies show that youth seek and greatly benefit from social support whether it comes from service providers, family, or peers (Brakenhoff et al., 2022; Henwood et al., 2018).

The findings from the three studies can be summarized to reveal that resilience in the lives of youth experiencing or who have experienced homelessness is best understood as being contextual, relational, and an evolving process. Central to all three studies is the recognition that resilience is a dynamic process that is shaped by a youth's context, experiences, and support systems. While we see changing risk factors and protective resources that predict resilience overtime in studies one and two, the factors are also equally dynamic when exploring outcomes such as housing stability. As we see in studies one and two, life skills were foundational in earlier stages; however social support consistently emerged as a critical protective factor over time in all three studies, with relation to both perceived resilience and housing stability. Collectively the dynamic and changing process, and the significant predictor and theme of social

support overtime highlight the complex, multidimensional nature of resilience, which underscores that interventions need to be both flexible and grounded in social support.

The pandemic began in midst of the larger study, and it is important to acknowledge that this may have influenced the results. Researchers have found that youth or young adults (aged 18 to 29) were most vulnerable to loneliness during the COVID-19 pandemic (Wickens et al., 2021). This context may have influenced the results by accentuating the need for social support among the youth in the study.

Implications for Theory

The theoretical implications from this dissertation center around the interplay between risks, protective resources, and resilience in youth experiencing homelessness. In the context of an ecological model (Bronfenbrenner, 1994) and compensatory framework of resilience (Masten, 2001), the studies emphasize that resilience is a dynamic process associated with individual, relational, and community level factors. The relationship of risk factors and protective resources to resilience in Studies 1 and 2 suggest that resilience is an adaptive multifaceted process rather than an inherent trait. The three studies challenge a deficit-based narrative in the youth homelessness literature by recognizing agency, independence, and resourcefulness in youth. Most importantly, the findings of Study 2 demonstrated that resilience can be framed not only as recovery from adversity but also the ability to reconstruct identity and maintain agency under challenging circumstances. Therefore, resilience can be recognized as a multi-dimensional, context sensitive construct.

The significance of the studies in this dissertation aligns with contemporary definition of resilience that reflect a dynamic systems perspective (Liu et al., 2020; Masten et al., 2021). The studies provide support for Liu and colleagues (2020) multisystem model of resilience. The

multisystem model of resilience represents the advancing capability to respond to challenges and trauma over time. It highlights the distinction between internal and external resilience. Whereas internal resilience refers to the capacity to adapt and address needs by leveraging individual resources (e.g., coping, goal setting), external resilience takes into account socio-ecological factors that offer further resources to adapt to stressors and challenges. The consistent finding across all three studies highlights the role of social support in bolstering youth resilience and positive adaptation.

Implications for Practice

The findings from this dissertation have several implications for practice. Two key areas emerging from our findings include: (1) implementing trauma-informed care and (2) building and strengthening social support networks.

Trauma-Informed Care

Given the prevalence of ACEs among youth experiencing homelessness, it is critically important to create a safe and supportive environment for them. In particular, it is necessary to have service providers trained in trauma-informed care, and for programs to build trauma-informed principles into their services (Hopper et al., 2010). Trauma-informed care is a strength-based approach that focuses on skill-building and the development of resilience, rather than focusing on deficits. This approach supports youth in identifying their own strengths to develop coping skills and resilience.

Conscious of the potential experiences of interpersonal trauma with family and service providers, it is fundamental that the approach be collaborative and that service providers build both physical and emotional safety for youth. It is also critical to be wary of re-traumatization, especially when working with a population that has had experienced boundary violations and

abuses of power. Finally, given the traumatic experiences and disempowerment associated with homelessness among youth, trauma-informed care emphasizes a space to rebuild control of themselves and their environment. Youth need to have a place to build self-efficacy, personal control, and resilience.

Social Support Networks

This dissertation highlights how social support is a critical protective resource for youth. Some research has shown that youth experiencing or at risk of homelessness are less likely to seek help, despite high rates of victimization (Heerde & Pallotta-Chiarolli, 2020). It is therefore absolutely essential to strengthen, rebuild, and develop supportive relationships with peers, service providers, and family when it is safe to do so. In this dissertation I emphasize two methods that social support networks can be fostered for youth: Family and Natural Supports (FNS) intervention and peer support.

As highlighted in the discussion of Study 1, the FNS intervention is a youth engagement strategy that is designed to strengthen their relationships, including identifying support networks, setting goals, participating in mediation and counselling, and accessing resources to stabilize their lives (e.g., housing, education, employment, and mental health) (Borato et al., 2020). While not undermining the benefits of emergency services, FNS shifts the focus to emphasizing family and community connections. FNS centers youth in the intervention, allowing them to determine who their family is, make decisions, and focus on developing supportive relationships and emotional growth. The framework is tailored to the unique needs of each youth and family. The FNS framework is one method that emphasizes the critical role of relationships in preventing and exiting homelessness. This approach advocates for a systemic shift towards prevention and early intervention by increasing social support.

Youth often emphasize the importance of support networks composed of individuals with shared experiences (Manoni-Millar et al., 2024). These shared experiences provide opportunities for support, validation, and a sense of safety. One way to operationalize this is through peer support programs. Peer support involves an individual considered an equal with lived experience offering support, assistance, and encouragement within a reciprocal relationship (Shalaby & Agyapong, 2020). Such interventions harness the benefits of shared experiences of homelessness while reducing the risks associated with victimization (Stewart & Townley, 2020).

Evidence from adult Housing First models demonstrates that peer support contributes to improved housing stability (Barker & Maguire, 2017; Bean et al., 2013). In line with these findings, the Housing First for Youth (HF4Y) model incorporates peer support as a fundamental component. Peer support workers may offer standalone support or work as part of a case management team, collaborating with non-peer staff (those without lived experience) to deliver more nuanced and sensitive care.

Implications for Policy

Making the Shift Demonstration lab's Housing First for Youth (HF4Y) is the first randomized controlled trial to evaluate HF4Y and its effectiveness. The implications of HF4Y demonstrates a need for immediate and unconditional access to stable housing tailored to youths' development and social needs. The findings in Study 3, specifically the relationship between HF4Y and housing stability, have implications for policy, particularly in designing and implementing programs that support youth experiencing homelessness. There is a critical need for data-driven policy and program evaluation, preventative measures, early intervention, and youth-centric approaches. Policies should mandate the use of longitudinal studies and robust multisite data collection to evaluate the effectiveness of interventions, as evidence can inform the

refinement of programs and demonstrate long-term impact. Funding should be allocated to support research to understand the implications and effectiveness of these programs.

Limitations and Future Research

There are several limitations from these studies that have implications for future research. First, in quantitative studies one and three, there was small sample size with high level of attrition. Of the 148 youth that participated in baseline, with missing data the number of participants in each study ranged from 105 to 136, with a large portion of missing data (i.e., up to 46% in items of the scale for psychological integration). Multiple imputation was deemed the most appropriate method as with large amounts of missing data it is considered the most representative of an accurate sample (Zhu, 2014). A sample ranging from 105 to 136 is considered small and was only representative of 80 percent predictive power (Faul et al., 2007). Therefore, the results must be interpreted conservatively with the understanding that this is just a beginning of understanding the development of resilience and predictors of housing stability within a population of youth experiencing homelessness.

Second, we did not account for type of homelessness (hidden, episodic) or how long their episode(s) of homelessness were before participation in the study. Type of homelessness and length of time homeless may have implications on resilience and adaptability to their environment. It may also be indicative of the risk factors (ACEs, presence of mental health symptoms, use of substances) and protective resources (psychological integration in their community, social support, life skills) that are present. Future research should control for type of homelessness and time spent homeless to gain further insight.

Furthermore, in Study 3, we did not control for the type of housing youth obtained and remained stably housed in. The HF4Y model defines stable housing as either being transitional,

supportive, independent, or with family (Gaetz et al., 2021). In this sample, majority of youth of youth were stably housed in their own apartment (*n*=74, 54%); other stable accommodations included transitional housing (*n*=10, 7%), stably living in their parent or guardian's home (*n*=3, 2%), and stably living in someone else's apartment or home (e.g., friends) (*n*=3, 2%). Understanding if one of the models of housing is more predictive of stability may support refining the HF4Y model and how we can best support youth to exit homelessness and remain stably housed long term.

The generalizability of the sample is limited due to the research occurring in two Canadian cities in the same province (i.e., Ontario). The results of housing stability must take into consideration the housing market and services to which youth have access for financial support (e.g., Ontario Works, Ontario Disability Support Program). While, in study 3, we noticed differences between cities, further discrepancies may be found across provinces. To fully understand if social support is a key predictor of housing stability and not confounded with provincial supports, the model must be tested across multiple provinces and cities with differing housing market and supportive services.

Moreover, when discussing the sample, it is important to acknowledge the sampling bias. All participants were recruited from youth services in the two cities, indicating that these youth were actively receiving support. It is important to acknowledge that this might not capture the experiences of all youth, notably the youth who may be struggling the most. All youth who participated in the study had mental capacity to participate in a longitudinal research program, however, because of attrition in the samples we may be missing results from youth who increasingly struggle with the experiences of homelessness, are more transient, and did not actively receive support. Therefore, the stable responses of resilience from study one show that

the youth in this study on average displayed a moderate level of perceived resilience, and we may be missing youth who are struggling to adapt to the environment and experiences.

Finally, when assessing resilience, we must critically evaluate the resilience scale used across studies. There is a limited number of resilience scales developed, and often resilience scales developed for an adult population are used to measure resilience in adolescence (Windle et al., 2011), failing to capture key constructs in question for youth development. For instance, adolescence is a developmental phase that includes a set of unique life stressors including schooling, , obtaining employment for the first time, and navigating close friendships and intimate relationships (Bonnie et al., 2019). For youth experiencing homelessness, this is compounded by adverse early life experiences and difficult life and family contexts.

The Resilience Scale (RS-25/RS-14) (Wagnild, 2009) is designed to assess an individual's capacity for resilience and to explore the relationship between resilience and psychosocial adaptation. Furthermore, this scale was developed to assess *trait* resilience not a resilience from a perspective of social-ecology or dynamic change. This scale was developed on a sample of primarily adult and elderly women. This scale was also used in a sample of 59 youth experiencing homelessness (Rew et al., 2001) and showed negative correlations with loneliness, hopelessness, life-threatening behaviour, and social connectedness. At this point, the scale needs to be critically evaluated if it is the most representative and up to date measure for operationalizing resilience among youth. While the RS-25/RS-14 has been used with youth populations, it has not been psychometrically tested for this population (Ballard et al., 2024). This raises questions about its adequacy in measuring perceived resilience among youth experiencing homelessness. By using this scale in longitudinal study and finding stable results, we are able to assess that the measure may in fact not be sensitive enough to determine change

overtime. Future research should consider using more youth-centric tools, such as the Child and Youth Resilience Measure (CYRM) (Ungar & Liebenberg, 2011), which has been found to be the most adequate for measuring resilience in adolescent populations from both a validity and theoretical perspective (Ballard et al., 2024).

Conclusions

Overall, this dissertation contributes to the knowledge base on resilience, emphasizing the pivotal role of social support for youth experiencing homelessness. The findings from the three studies illustrate the dynamic interplay between risk and protective factors within broader ecological contexts, encompassing individual, relational, and community dimensions. For youth, homelessness represents not just a loss of stable housing but also a rupture in critical social and familial connections. Consequently, social support emerges as a vital protective resource, helping youth navigate adversity and build resilience. The collective evidence underscores the need for a holistic, resilience-focused approach to addressing youth homelessness. Strong social support networks and tailored interventions are essential foundations for empowering youth to overcome adversity and transition to independent, stable, and fulfilling lives. These findings advocate for fostering resilience and promoting the long-term well-being of youth.

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Appendix A

Research Ethics Approval for Making the Shift Social Demonstration Lab

YORK
UNIVERSITÉ
UNIVERSITY

Certificate #:	**2017 - 382**
Initial Approval:	**12/05/17-12/05/18**
Amendments:	**Amendment approved: 04/02/20** **2nd Amendment approved: 12/13/22**
Renewals:	**12/20/18-12/20/19 12/17/19-12/17/20** **12/07/20 - 12/07/21** **12/16/21-12/16/22** **12/13/22-12/13/23**
Current Approval Period:	**12/13/22-12/13/23**

OFFICE OF RESEARCH ETHICS (ORE)

4700 Keele St.
Toronto ON
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www.research.yorku.ca

ETHICS RENEWAL-AMENDMENT APPROVAL

To: **Professor Stephen Gaetz**
Canadian Observatory on Homelessness
sgaetz@edu.yorku.ca

From: Alison M. Collins-Mrakas, Director, Research Ethics
(on behalf of You-ta Chuang, Chair, Human Participants Review Committee)

Date: Wednesday, December 14, 2022

Title: **Housing First for Youth Demonstration Project**

Risk Level: ☒ Minimal Risk ☐ More than Minimal Risk

Level of Review: ☒ Delegated Review ☐ Full Committee Review

With respect to your research project entitled, **"Housing First for Youth Demonstration Project"**, the committee notes that, as there are no substantive changes to either the methodology employed or the risks to participants in and/or any other aspect of the research project, a renewal of approval re the proposed amendment(s) to the above project is granted.

Any further changes to the approved protocol must be reviewed and approved through the amendment process by submission of an amendment application to the HPRC prior to its implementation.

Ongoing research – research that extends beyond one year – must be renewed prior to the expiry date.

Any adverse or unanticipated events in the research should be reported to the Office of Research ethics (ore@yorku.ca) as soon as possible.

For further information on researcher responsibilities as it pertains to this approved research ethics protocol, please refer to the attached document, **"RESEARCH ETHICS: PROCEDURES to ENSURE ONGOING COMPLIANCE".**

Should you have any questions, please feel free to contact me at: acollins@yorku.ca.

Yours sincerely,

Alison M. Collins-Mrakas M.Sc., LLM
Director,
Office of Research Ethics

RESEARCH ETHICS: PROCEDURES to ENSURE ONGOING COMPLIANCE

Upon receipt of an ethics approval certificate, researchers are reminded that they are required to ensure that the following measures are undertaken so as to ensure on-going compliance with Senate and TCPS ethics guidelines:

1. **RENEWALS:** Research Ethics Approval certificates are subject to annual renewal. **Failure to renew an ethics approval certificate or** (to notify ORE that no further research involving human participants will be undertaken) will result in the **closure of the protocol**. No further research activities may be undertaken until such time as a new protocol has been reviewed and approved. Further, it **may result in suspension of research cost fund and access to research funds may be suspended/withheld**;

2. **AMENDMENTS:** Amendments must be reviewed and approved **PRIOR** to undertaking/making the proposed amendments to an approved ethics protocol;

3. **END OF PROJECT**: ORE must be notified when a project is complete; Failure to submit an "End of Project Report" **may result in suspension of research cost fund and access to research funds may be suspended/withheld.**

4. **ADVERSE EVENTS**: Adverse events must be reported to ORE as soon as possible;

5. **AUDIT:**
    a. More than minimal risk research may be subject to an audit as per TCPS guidelines;
    b. A spot sample of minimal risk research may be subject to an audit as per TCPS guidelines.

FORMS: As per the above, the following forms relating to on-going research ethics compliance are available on the Research website:

a) Renewal
b) Amendment
c) End of Project
d) Adverse Event

Appendix B

Ethics Approval form the University of Ottawa for Secondary Data Use

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	H-03-23-9025
Titre du projet / Project Title	Overcoming adversity: Exploring resiliency in the lives of youth experiencing homelessness
Type de projet / Project Type	Thèse de doctorat / Doctoral thesis
Statut du projet / Project Status	Approuvé / Approved
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	03/03/2023
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	02/03/2024

Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Stéphanie MANONI-MILLAR	École de psychologie / School of Psychology	Chercheur Principal / Principal Investigator
Tim AUBRY	École de psychologie / School of Psychology	Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

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Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

University of Ottawa

Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout évènement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completedfour weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Signature removed for Privacy

550, rue Cumberland, pièce 154
Ottawa (Ontario) K1N 6N5 Canada

550 Cumberland Street, Room 154
Ottawa, Ontario K1N 6N5 Canada

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Appendix C

Adverse Childhood Experiences Scale

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often…
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes / No If yes enter 1 _____

2. Did a parent or other adult in the household often or very often…
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes / No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever…
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes / No If yes enter 1 _____

4. Did you often or very often feel that …
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes / No If yes enter 1 _____

5. Did you often or very often feel that …
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes / No If yes enter 1 _____

6. Were your parents ever separated or divorced?
Yes / No If yes enter 1 _____

7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes / No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes / No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes / No If yes enter 1 _____

10. Did a household member go to prison?
Yes / No If yes enter 1 _____

Appendix D

Mental Health Screener, Brief Symptom Inventory

How much were you distressed by…

0 = Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, 4 = Extremely

Nervousness or shakiness inside	0 1 2 3 4
Faintness or dizziness	0 1 2 3 4
The idea that someone else can control your thoughts	0 1 2 3 4
Feeling others are to blame for most of your troubles	0 1 2 3 4
Trouble remembering things	0 1 2 3 4
Feeling easily annoyed or irritated	0 1 2 3 4
Pains in heart or chest	0 1 2 3 4
Feeling afraid in open spaces or on the streets	0 1 2 3 4
Thoughts of ending your life	0 1 2 3 4
Feeling that most people cannot be trusted	0 1 2 3 4
Poor appetite	0 1 2 3 4
Suddenly scared for no reason	0 1 2 3 4
Temper outbursts that you could not control	0 1 2 3 4
Feeling lonely even when you are with people	0 1 2 3 4
Feeling blocked in getting things done	0 1 2 3 4
Feeling lonely	0 1 2 3 4
Feeling blue	0 1 2 3 4
Feeling no interest in things	0 1 2 3 4
Feeling fearful	0 1 2 3 4
Your feelings being easily hurt	0 1 2 3 4
Feeling that people are unfriendly or dislike you	0 1 2 3 4
Feeling inferior to others	0 1 2 3 4
Nausea or upset stomach	0 1 2 3 4
Feeling that you are watched or talked about by others	0 1 2 3 4
Trouble falling asleep	0 1 2 3 4

Having to check and double-check what you do	0 1 2 3 4
Difficulty making decisions	0 1 2 3 4
Feeling afraid to travel on buses, subways, or trains	0 1 2 3 4
Trouble getting your breath	0 1 2 3 4
Hot or cold spells	0 1 2 3 4
Having to avoid certain things, places or activities because they frighten you	
Your mind going blank	0 1 2 3 4
Numbness or tingling in parts of your body	0 1 2 3 4
The idea that you should be punished for your sins	0 1 2 3 4
Feeling hopeless about the future	0 1 2 3 4
Trouble concentrating	0 1 2 3 4
Feeling weak in parts of your body	0 1 2 3 4
Feeling tense or keyed up	0 1 2 3 4
Thoughts of death or dying	0 1 2 3 4
Having urges to beat, injure, or harm someone	0 1 2 3 4
Having urges to break or smash things	0 1 2 3 4
Feeling very self-conscious with others	0 1 2 3 4
Feeling uneasy in crowds, such as shopping or a movie	0 1 2 3 4
Never feeling close to another person	0 1 2 3 4
Spells of terror or panic	0 1 2 3 4
Getting into frequent arguments	0 1 2 3 4
Feeling nervous when you are left alone	0 1 2 3 4
Others not giving you proper credits for your achievements	0 1 2 3 4
Feeling so restless you couldn't sit at all	0 1 2 3 4

Feelings of worthlessness	0 1 2 3 4
Feeling that people will take advantage of you if you let them	0 1 2 3 4
Feelings of guilt	0 1 2 3 4
The idea that something is wrong with your mind	0 1 2 3 4

Appendix E

Substance Disorder Screener (GAIN-SS)

After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0
When was the last time that...					
a. you used alcohol or other drugs weekly or more often?	4	3	2	1	0
b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?	4	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0
f. you received treatment, counseling, medication, case management or aftercare for your use of alcohol or **any other drug**? Please do not include any emergency room visits, detoxification, self-help or recovery programs	4	3	2	1	0

Appendix F

Social Support Screener, Multidimensions Screener of Perceived Social Support

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
There is a special person who is around when I am in need.	1	2	3	4	5	6	7
There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
My family really tries to help me.	1	2	3	4	5	6	7
I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
My friends really try to help me.	1	2	3	4	5	6	7
I can count on my friends when things go wrong.	1	2	3	4	5	6	7
I can talk about my problems with my family.	1	2	3	4	5	6	7
I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
My family is willing to help me make decisions.	1	2	3	4	5	6	7
I can talk about my problems with my friends.	1	2	3	4	5	6	7

Appendix G

Youth Life Skills Assessment

I am enrolled in a school or GED program.

No	Mostly no	Somewhat	Mostly yes	Yes

I have an adult in my life who cares about how I am doing at school or work.

No	Mostly no	Somewhat	Mostly yes	Yes

I plan to attend post-secondary school (e.g., college, university)

No	Mostly no	Somewhat	Mostly yes	Yes

I know where I can get tutoring or other help with school work.

No	Mostly no	Somewhat	Mostly yes	Yes

I have access to transportation to get to work or school.

No	Mostly no	Somewhat	Mostly yes	Yes

I know the steps I need to take to get a driver's license.

No	Mostly no	Somewhat	Mostly yes	Yes

I have a driver's license.

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to find financial aid to help pay for my education or training.

No	Mostly no	Somewhat	Mostly yes	Yes

I have talked about my education plans with an adult who cares about me.

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to get the documents I need for school or work, such as my Social Insurance Number, birth certificate, and other documentation.

No	Mostly no	Somewhat	Mostly yes	Yes

I know what type of education I need for the work I want to do.

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to develop a resume.

No	Mostly no	Somewhat	Mostly yes	Yes

I have a resume.

No	Mostly no	Somewhat	Mostly yes	Yes

I know at least two people I can use for references for a job.

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to fill out a job application.

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to prepare for a job interview.

No	Mostly no	Somewhat	Mostly yes	Yes

I know what clothes I should wear to an interview.

No	Mostly no	Somewhat	Mostly yes	Yes

I have been involved in volunteer service or an internship.

No	Mostly no	Somewhat	Mostly yes	Yes

I can fill out any tax forms related to a job.

No	Mostly no	Somewhat	Mostly yes	Yes

I know the steps I need to take to open a chequing and/or savings account.

No	Mostly no	Somewhat	Mostly yes	Yes

I have a chequing and/or savings account.

No	Mostly no	Somewhat	Mostly yes	Yes

I know where I can get help with an income tax form.

No	Mostly no	Somewhat	Mostly yes	Yes

I get to school or work on time.

No	Mostly no	Somewhat	Mostly yes	Yes

I can take criticism and direction at school or work without losing my temper.

No	Mostly no	Somewhat	Mostly yes	Yes

I get my work done and turned in on time

No	Mostly no	Somewhat	Mostly yes	Yes

I know at least one adult, other than my worker, who would take my call in the middle of the night if I had an emergency.

No	Mostly no	Somewhat	Mostly yes	Yes

I have access to a computer and/or the internet.

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to use my email account.

No	Mostly no	Somewhat	Mostly yes	Yes

I have a telephone number/cell phone.

No	Mostly no	Somewhat	Mostly yes	Yes

There is at least one adult I trust who would be legally allowed to make medical decisions for me and advocate for me if I were unable to speak for myself.

No	Mostly no	Somewhat	Mostly yes	Yes

I know the signs of an abusive relationship.

No	Mostly no	Somewhat	Mostly yes	Yes

I know the signs of people bullying me online.

No	Mostly no	Somewhat	Mostly yes	Yes

My relationships are free from hitting, slapping, shoving, being made fun of, or name calling.

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to do my own laundry.

No	Mostly no	Somewhat	Mostly yes	Yes

I keep my living space clean.

No	Mostly no	Somewhat	Mostly yes	Yes

I know the products to use when cleaning the bathroom and kitchen.

No	Mostly no	Somewhat	Mostly yes	Yes

I have a place to go when I feel unsafe.

No	Mostly no	Somewhat	Mostly yes	Yes

I know an adult I could live with for a few days or weeks if I needed to.

No	Mostly no	Somewhat	Mostly yes	Yes

I can make meals with or without using a recipe.

No	Mostly no	Somewhat	Mostly yes	Yes

I bathe (wash up) daily.

No	Mostly no	Somewhat	Mostly yes	Yes

I can take care of my own minor injuries and illnesses.

No	Mostly no	Somewhat	Mostly yes	Yes

I brush my teeth daily.

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to get life insurance when I am older than 18.

No	Mostly no	Somewhat	Mostly yes	Yes

I know where to find a doctor or dentist.

No	Mostly no	Somewhat	Mostly yes	Yes

I know when I should go to the emergency room instead of the doctor's office.

No	Mostly no	Somewhat	Mostly yes	Yes

I know ways to protect myself from sexually transmitted diseases (STDs) or infections (STIs).

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to prevent getting pregnant or getting someone else pregnant.

No	Mostly no	Somewhat	Mostly yes	Yes

I know where to go to get information on sex or pregnancy.

No	Mostly no	Somewhat	Mostly yes	Yes

I know how to get the benefits I am eligible for.

No	Mostly no	Somewhat	Mostly yes	Yes

Appendix H

Psychological Integration Scale

I know most of the people who live near me.

1 - Strongly disagree	2 - Disagree	3 - Neither	4 - Agree	5 - Strongly agree

I interact with the people who live near me.

1 - Strongly disagree	2 - Disagree	3 - Neither	4 - Agree	5 - Strongly agree

I feel at home where I live.

1 - Strongly disagree	2 - Disagree	3 - Neither	4 - Agree	5 - Strongly agree

I feel like I belong where I live.

1 - Strongly disagree	2 - Disagree	3 - Neither	4 - Agree	5 - Strongly agree

Appendix I

Resilience Scale-14

1 = Strongly Disagree, 4 = Neutral, 7 = Strongly Agree

Circle the number in the appropriate column	**Strongly Disagree**						**Strongly Agree**
I usually manage one way or another.	1	2	3	4	5	6	7
I feel proud that I have accomplished things in my life.	1	2	3	4	5	6	7
I usually take things in stride.	1	2	3	4	5	6	7
I am friends with myself.	1	2	3	4	5	6	7
I feel that I can handle many things at a time.	1	2	3	4	5	6	7
I am determined.	1	2	3	4	5	6	7
I can get through difficult times because I've experienced difficulty before.	1	2	3	4	5	6	7
I have self-discipline.	1	2	3	4	5	6	7
I keep interested in things.	1	2	3	4	5	6	7
I can usually find something to laugh about.	1	2	3	4	5	6	7
My belief in myself gets me through hard times.	1	2	3	4	5	6	7
In an emergency, I'm someone people can generally rely on.	1	2	3	4	5	6	7
My life has meaning.	1	2	3	4	5	6	7
When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7

Appendix J

Baseline (6 months) Interview Guide

Ice breakers/warm-up questions

1. What kinds of things do you like to do with your time?

    Prompts: hobbies, movies, art, sports, etc.

2. What is something you really like about yourself?

    Prompts: activities you are good at, interests, personality trait, etc.

3. Can you describe any important relationships in your life?

    Prompts: how would you define "family?", partners, children, etc.

4. How would you describe yourself in terms of your cultural and/or social identity?

    Prompt: for example, in terms of your ethno-racial background, sexual and gender identity, religion or spiritually, etc.

Domain 1: Pathways into Precarious Housing or Homelessness

5. I'd like to hear about your life before you had trouble with housing. Can you talk to me about what your life was like before this experience?

    Prompts: physical, emotional, mental health, substance use (if applicable); important relationships (family, school, peers/significant others); activities and community involvement (school, social services, etc.)

5.1 Do you ever remember a time when you had stable housing? When was that and what was that like?

6. Do you remember the first time you experienced unstable housing or homelessness? What was happening at the time? Can you think of anything that might have contributed to losing your housing?

Prompts: things having to do with the health of your relationships; your own health or well-being; things having to do with your experiences with systems or services, e.g. school, foster-care; experiences with things like poverty and discrimination

7. Have you experienced unstable housing or homelessness more than once? (If yes continue, if no, skip question entirely).

a. For each of those times, what were the reasons why you lost the housing (e.g. landlord sold building, moving communities, family conflicts, couldn't make rent, etc.)?

b. What factors helped you get housed again each of those times?

c. Thinking about the last time you experienced homelessness, could you tell me about your housing before you lost it? Were there any issues that prevented you from keeping that housing or finding new housing?

d. Looking back on those experiences, why do you think it's been hard to maintain housing over the past few years?

e. I'd like to know what your relationships have been like as you've moved in and out of different housing scenarios. Have you maintained relationships throughout these times? How and why?

8. Are there any parts of your personal identity that you feel have played a role in your experiences of homelessness? If so, how or in what way?

Prompt: cultural, social identity or other intersectional factors; discrimination in homelessness sector or other public systems.

Domain 2: Current Life

9. Are you currently living in stable housing?

9.1 I'd like you to tell me about what your average day is like. For example, if yesterday was an average day, tell me about what your day was like step-by-step, from when you woke up until when you went to sleep.

Prompts: where did you sleep? Where did you go? Who did you communicate with (in-person, social media)? What did you do? Etc.

10. I'd like to get an idea of what your life looks like at the moment…

Personal Wellbeing

a. How would you describe your health generally? How would you describe your physical health at the moment? What about your mental health? Emotional health? Spiritual health? What do you do to keep healthy, mentally, physically, emotionally, spiritually? What does being healthy mean to you?

Coping & Resiliency Skills

b. What do you do when you face difficulties in your life? How do you deal with stressful situations?

Relationships

c. Can you think of someone who you can rely on? (Prompt: are there any more people? What is your relationship with them – peer/friend, family, etc.) What are your relationships like at the moment? (Prompt: with family, with partners, with friends or people you hang out with on the street, other places you belong).

d. Have any factors in your life made it harder or easier to form and maintain relationships? (Prompt: class, ability, other intersectional factors?)

Meaningful Activities

e. What sort of activities do you look forward to doing on a daily basis? (Prompt: types of community engagement, education, employment, other meaningful activities).

11. What's the toughest thing about being unstably housed or homeless?

12. Can you share a story about how you have managed to overcome challenges you face personally, in your family, or outside your home in your community?

13. Now, I'd like you to tell me about the services, supports, or community organizations that you use or have used in the past.

a. Which ones do you currently use? Have you used in the past? (Prompt: not just housing-related; related to well-being, coping skills, relationships and belonging, education/employment or significant activities).

b. What's the most helpful? Why?

c. What's less helpful or needing improvement? (Prompt: have you had any experiences of discrimination?)

d. Are there services that you need that you aren't getting (e.g. ID documents, health-related care or products, etc.)?

e. If yes, what impact did not being able to access those services have on your ability to find or maintain housing?

14. Now I'd like you to tell me more about the kinds housing you've lived in. How would you describe your housing?

Prompts: places lived [quality, safety, support]; neighbourhood; relationships with landlords, supervisors/case managers, superintendents or neighbours; maintaining employment; school attendance; roommates; experience of stigma, discrimination or other barriers in relation to services and housing; any positive experiences.

Domain 3: Your Vision for the Future

15. Finally, I'd like you talk about how, ideally, you envision your life in the future.

    Prompts: personal goals or big dreams; personal well-being; relationships and belonging; education/work, etc.

    What would be necessary to help you achieve your goals? Do you feel like you have the supports in your life to help you achieve them?

16. Now, I'd like you to talk about what would help you get there.

    a. What would your housing situation look like? (Prompt: community you'd like to live in; who you want to live with; housing type; accessibility needs)

    b. Is there any kind of support you are not currently receiving that would help you in obtaining or maintaining housing?

Only for those in the Housing First group

17. What do you think of the Housing First for Youth project that you are or will be involved with?

    Prompts: changes, hopes, fears, challenges, comparison to other housing models they've experienced.

**For those who have already been stably housed:

18. How has housing stability impacted your life?

Appendix K

Follow-up (18 Month) Interview Guide

Ice breakers/warm-up questions

1. How would you describe yourself in terms of your cultural and/or social identity?

    Prompt: for example, in terms of your ethno-racial background, sexual and gender identity, religion or spiritually, etc.

2. Can you describe any important relationships in your life?

    Prompts: how would you define "family?", partners, children, etc.

3. **Only for participants who did not participate in Baseline Qualitative Interview**

Can you provide a brief history of where you have lived throughout your life?

    Prompts: places lived [quality, safety, support]; neighbourhood; relationships with family, roommates, neighbours, landlords, workers

Domain 1: Life Story for Past Year

Life changes

1. First of all, in general (brief), please tell me about how your life has been over the past year.

2. What has your housing situation been like over the past year? Where have you lived?

Typical Day:

1. Tell me about what your average day is like, or what you do on a typical day. For example, if yesterday was an average day, please tell me about what your day was like.

    a. What did you do?

    b. What places did you go to?

    c. Who did you meet?

2. How, if at all, has the way you spend your typical day changed over the last year?

    a. Why do you think this has changed?

Personal Well-Being

1. How would you describe your health at the moment?

2. What do you do to keep healthy?

3. What does being "healthy" mean to you?

4. What issues related to your personal well-being were you experiencing a year ago?

5. Please describe any personal changes that you have experienced over the last year with regard to your health or well-being.

6. What has been helpful to your health or well-being over the last year? What keeps you going?

7. What have you had difficulty with, that has gotten in the way of your health or well-being over the last year?

Coping & Resiliency Skills

1. What do you do when you face difficulties in your life? How do you deal with stressful situations?

2. How has your ability to face difficulties changed in the past year?

Relationships, Social Environment and Support:

1. Tell me a bit about your relationships over the past year. Have there been any important changes in your relationships during this time? (Prompt: with family, with partners, with friends or people you hang out with on the street, other places you belong).

    a. Changes in relationships with family, friends or acquaintances (including new or renewed relationships). Why or why not?

b. Have any factors in your life made it harder or easier to form and maintain relationships?

c. Changes in sense of community?

2. Tell me about any experiences of discrimination or stigma (negative stereotype) that you have experienced in the past year.

3. Over the past year, who have you been able to trust or count on for support?

a. How have they supported you?

Parenting

1. Do you have children? (For participants who are NOT parents, proceed to 'Meaningful Activities' section below) For participants who are parents:

a. Can you tell me about your child(ren)?

b. What does being a parent mean to you?

c. What type of relationship do you want to have with your children? What do you need to get there?

d. How has your housing situation affected your role as a parent?

Meaningful Activities

Tell me a bit about the sorts of activities that you've participated in over the past year

Prompt: types of community engagement, education, employment, hobbies, other meaningful activities.

Material Situation

1. Tell me about your situation with money. Has it improved, stayed the same, or gotten worse over the past year?

a. Probe about any changes (Probes: OW, ODSP, CCSY, started job, HF4Y subsidy)

2. What are your basic needs, and do you have enough money to afford them?

3. How are you managing other financial responsibilities, e.g. bills?

Housing

1. Where are you currently living?

2. What type of housing is it (e.g. living with other people, program, independent unit, transitional housing, etc.)?

3. How were you able to find your current housing? **Probe for HF4Y participants: Did your worker help you?

4. How long have you lived here?

5. What do you think of your housing?

(a) Privacy

(b) Quality

(c) Location

(d) Choice

6. What do you like most about your housing? What do you like least about your housing?

7. How would you describe your relationships with who you live with?

8. What is your understanding of your rights as a tenant? What is your understanding of your landlord's responsibilities?

a. What have been your experiences with your landlord(s)?

b. How do you like your neighbourhood? What do you like/not like about it?

c. What has helped you to keep your housing?

d. What are the challenges in keeping your housing?

e. How confident are you that you will live here for a while?

f. Can you tell me about anything you find yourself missing about the way your life was before you became housed?

Community and social services access

Now, I'd like you to tell me about the services, supports, and community organizations that you use or have used in the past year (e.g., mental health, employment, education, health, children's aid, ODSP/OW, legal, etc.).

1. Tell me about the supports/services that you have used since our last interview (types of information and supports provided). Probe: Mental health services?, Employment?, Education?, Health services?, Children's aid?, ODSP/OW/CCSY?, Legal?
2. What has been helpful about the services used since the last interview?
3. What has been unhelpful about the services used since the last interview?
4. Are there services that you need that you aren't getting (e.g. ID documents, health-related care or products, etc.)? What have been the barriers to accessing these services?
5. What have your experiences been like with your service provider(s)?

** Additional probes for HF4Y:

1. Which supports/services were received directly from their worker – expand on these experiences;

2. Which of these community supports were brokered or referred by HF4Y worker;

3. Which services were accessed outside of HF4Y program help;

4. Overall experience with case manager.

Domain 2: High, Low and Turning Points

I'm now going to ask you to highlight a high-point, a low-point, and a turning-point in your life. What would you like to start with? A high point, a low point, or a turning-point?

a. High Point Story

I would like you to reflect on a high point in your life - what you might think of as the best moment in your life. Is there a high point that comes to mind? It could be a moment or time when you experienced very positive feelings, such as joy, excitement, happiness, or inner peace.

b. Low Point Story

Think back and try to remember a specific experience or event where you felt really low in your life. You might think of this as the worst moment. Is there a low point that comes to mind? It could involve a moment or time that you experienced emotions such as deep sadness, fear, strong anxiety, terror, despair, guilt, or shame.

c. Turning Point Story

In looking back on your life, I would like you to think of a particular time when you experienced an important change. Is there a big "turning point" that comes to mind? This could be one particular event or a moment or time where you experienced change or when you changed in some way.

Domain 3: Your Vision for the Future

1. Finally, I'd like you talk about how, ideally, you envision your life in the future. (Prompts: personal goals or big dreams; personal well-being; relationships and belonging; education/work, etc.)

2. What would help you get there?